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ABSTRACT

This report describes the purpose, process, and outcomes of the Symposium on "Policy and Program Issues Related to Child and Family Services to Black Americans," sponsored by the Division of Black American Affairs of the Department of Health and Human Services (DHHS). In stage one of the symposium task group activities, the participants, who came from both within and outside of government, discussed key program and policy issues in selected areas (child health, child welfare, and child care) that are of primary concern to black families. In stage two, participants developed 26 program-general and 6 program-specific criteria that can be used by HHS policymakers and program managers as an assessment tool in future policy development and policy implementation and in program monitoring and enforcement activities. In stage three, participants developed recommendations and strategies for effectively incorporating these criteria into the health and human services system. Specific implementation recommendations included the creation of a work group, briefings for policymakers, promulgation of the criteria, State level use of the criteria, the development of a systematic utilization process, and monitoring of implementation. Recommendations are also made for research and other activities. Appendices contain a list of participants, the symposium agenda and speeches, and issue/criteria analysis charts. (CMG)

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SYMPOSIUM ON POLICY AND PROGRAM ISSUES RELATED TO CHILD AND FAMILY SERVICES TO BLACK AMERICANS

Volume I

--FINAL REPORT--

Submitted to:

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A. L. NELLUM AND ASSOCIATES

CONTENTS

	Page
PREFACE	i
ACKNOWLEDGMENTS	ii
EXECUTIVE SUMMARY	iii
CHAPTER ONE: INTRODUCTION	1
1.1 Symposium Background and Objectives	1
1.2 Symposium Planning and Design	2
1.3 Symposium Process	4
1.4 Recording and Analysis of Symposium Outcomes	5
CHAPTER TWO: CRITERIA	9
CHAPTER THREE: RECOMMENDATIONS FOR CRITERIA IMPLEMENTATION	16
CHAPTER FOUR: RECOMMENDATIONS FOR RESEARCH AND OTHER ACTIVITIES	19
4.1 General Recommendations	19
4.2 Program-Specific Recommendations	22

APPENDICES

A. Symposium Participants

B. Symposium Agenda

C. Speeches

D. Issues/Criteria Analysis Charts

PREFACE

The Symposium on "Policy and Program Issues Related to Child and Family Services to Black Americans" was conducted (1) to discuss key program and policy issues related to child and family services to Black Americans and (2) to identify variables, characteristics, factors, and other criteria against which to assess the responsiveness of programs and policies and the delivery of services to Black children and their families.

The objective of this report is to present a comprehensive summary of the Symposium outcomes. It is intended that this report be used by policymakers and program managers responsible for designing and implementing health and human services programs impacting on families at the Federal, state, and local levels.

This effort will have an important and lasting impact on the Departmental program/policy processes and the Division of Black American Affairs will continue its strong and aggressive role in assuring that the concerns of Black children and their families are heard throughout the Department of Health and Human Services.

ACKNOWLEDGMENTS

The Office of Special Concerns thanks the staff of A. L. Nellum and Associates, Inc. (ALNA), who provided the professional and technical support for the conduct of the Symposium. ALNA staff assisted in the design of the Symposium agenda, preparation of the Symposium working paper, arrangement of the Symposium logistics, facilitation of the Symposium itself, and preparation of the final report.

We sincerely thank the Symposium participants and the participant-observers, who are too numerous to mention here but whose names are listed in an Appendix to this report. Both government and nongovernment representatives gave fully of themselves, their experiences, and their expertise in preparation for and during the 3 days of the Symposium to produce the results contained herein.

Our thanks to Joseph S. Wholey, Deputy Assistant Secretary for Evaluation, whose helpful suggestions improved both the program overviews and the Symposium process; Walter Broadnax, Principal Deputy Assistant Secretary, Planning and Evaluation, whose remarks provided support for and commitment to the Symposium objectives; Dr. George Lythcott, Administrator, Health Services Administration, who, on behalf of Secretary Patricia Roberts Harris, delivered the keynote address; Dr. Leon Chestang, Professor of Social Services, University of Alabama, for his presentation on the Black family; and our special guests, Mrs. Coretta Scott King and Mrs. Jean Young, who took time from their busy schedules to participate and give their support.

Special thanks are due the Division of Black American Affairs (DBAA), Mrs. Diane C. Stratton, Project Officer, and Mrs. Lois M. Moore, Director, who played much more than the traditional role of monitoring this project. They worked in close collaboration with ALNA by commenting critically on all draft products, assisting in identifying participants, developing the agenda, assisting in the logistics, preparing the final report, and participating actively in all phases of work. Their contribution has helped to make this final report a realistic, utilitarian document for health and human services policymaking. We also thank Oliver Thomas, DBAA's Student Assistant, who aided in developing the agenda and assisted in logistics for the Symposium.

Wray Smith
Acting Director
Office of Special Concerns

EXECUTIVE SUMMARY

In view of the Administration's recent emphasis on improving policies impacting on families, the U.S. Department of Health and Human Services (HHS) Division of Black American Affairs (DBAA) in the Office of Special Concerns (OSC) within the Office of the Assistant Secretary for Planning and Evaluation, sponsored a 3-day Symposium on "Policy and Program Issues Related to Child and Family Services to Black Americans." The Symposium was held at the Harambee House Hotel in Washington, D.C., from April 30 to May 2, 1980.

Objectives

The primary objectives of the Symposium were (1) to identify and discuss policy and program issues in selected program areas (child health, child welfare, and child care) that are of priority concern to Black families; (2) to develop a set of criteria that can be used to assess the responsiveness of future policies and programs to the needs of Black families; and (3) to develop recommendations and strategies for effectively incorporating these criteria into the health and human services system. Another objective was to identify recommendations concerning specific research initiatives and other activities that will enable HHS policies and programs to be more responsive to the needs of Black children and their families.

DBAA set in motion a review of selected policies and programs in the areas of child welfare services, child health, and child care that impact heavily on the health and well-being of Black children and their families. Specific policies and programs that were reviewed in each area are noted below.

Child welfare services	Title IV-A, AFDC Foster Care Title IV-B, Child Welfare Services Title XX, Grants to States for Social Services
Child health	Adolescent Pregnancy Programs Family Planning Maternal and Child Health Early Periodic Screening, Diagnosis, and Treatment
Child care	Title XX, Day Care Title IV-A, AFDC Income Disregard Head Start

Participation

Twenty-nine people participated in the Symposium--15 nongovernment and 14 government participants. The invited nongovernment participants included state and local practitioners, researchers, and advocates from social science and other related disciplines that are involved in the

child health and social services areas. Government participants included those in key HHS policymaking positions within the selected program areas. In addition, 27 participant-observers attended, adding their expertise to the pool of existing resources.

HIGHLIGHTS OF THE SYMPOSIUM

Criteria

The criteria developed address agreed-on characteristics, needs, and concerns of Black families and their communities and are to be used as an assessment tool by HHS policymakers and program managers in future policy development, policy implementation, and program monitoring and enforcement activities. Most of the criteria cut across the various programs, fulfilling the primary objective for criteria development. A few of the criteria are program-specific; their development was a secondary objective. Although the criteria were developed from the perspective of Black families and on the basis of issues of concern to those particular families, they are certainly applicable to other families as well. It is DBAA's expectation that the criteria will be employed to respond to the needs of Black families and the diversities among those families while responding to the needs and diversities of all families.

The Symposium participants did not propose, in many cases, the specific method or strategy that HHS ought to employ to ensure responsiveness to a particular criterion. Such methods or strategies, in DBAA's judgment, should more appropriately emerge from the application of these general criteria to specific program areas being examined by the Department, whether the anticipated outcome is new or revised legislation, regulations, or guidelines or further research into what has or has not worked. In addition, it would be to oversimplify the complexity of the health and human services delivery systems to propose that these criteria be instituted for all HHS programs. There will inevitably be differences among specific problems and programs.

It is also important to note that the criteria must be viewed as interdependent. For example, a requirement that a local program reflect the diverse characteristics of families within its service area may become meaningless unless mechanisms are required to ensure the participation of representatives of that community in the program development process at the local level and in the monitoring of the delivery of that service. The creation of a mechanism for financing a particular service will be of little value in an inner-city community if the service is not available or accessible to the community. And the availability of a service within a community may not be of optimum value unless that service is provided by a staff representative of the population of that community and in a facility that respects the cultural integrity and rights to privacy of the individuals seeking the service.

The following is a list of the criteria:

Cross-cutting Criteria

1. Is the policy/program designed with an understanding of the dynamics and diverse characteristics and lifestyles of families to be served including

   -- options reflecting extended family concept

   -- role flexibility among family members, e.g., sharing of parental role among family members

   -- family preference regarding nature and type of services

   -- high proportions of single-parent families

   -- high maternal employment

   -- low-income status

   -- particular working patterns of the consumer population, e.g., times of service accommodating family needs?

2. Does the policy/program reflect and build on the cultural values and adaptive strengths (e.g., sharing of parental roles, strong religious ties) of families in its planning, design, delivery system, and individual case intervention strategies?

3. Does the policy/program strengthen the economic position of the family by providing financial and other incentives to keep families together and to enable families to become self-sufficient?

4. Does the policy/program identify and build on existing programs and services that are indigenous to the community being served by

   -- providing funds and mechanisms to enable community-based organizations to act as service providers;

   -- providing funds and mechanisms for organization "capacity building"; and

   -- utilizing the expertise of representatives of indigenous cultural institutions to advise and approve the design and process of service delivery?

5. Is the policy/program directed at nurturing and sustaining the family as a unit by implementing services in a holistic context rather than focusing on individual-oriented services?

6. Does the policy/program, when establishing eligibility, take into account factors such as

   -- regional cost of living

   -- urban versus rural cost of living

   -- disposable income versus net (or gross) income

   -- neighborhood and community differences

   so that persons who need and desire services are not excluded?

7. Does the policy/program require, as a priority, that program services reach targeted disadvantaged populations living in poverty areas?

8. Does the policy/program mandate that priority attention be given to the cultural integrity of the family by considering race and ethnicity as primary and critical in the design and implementation of services, including

   -- requiring that all services be provided in a physical environment that respects and preserves the privacy, dignity, and cultural sensitivity of consumers, allowing for fiscal flexibility for improvement of physical environment as necessary;

   -- requiring that the operational assumptions and values that undergird programs support the cultural values of the consumers and not supplant or conflict with existing consumer values and practices;

   -- requiring that service delivery approaches identify and build on culturally based practices that are indigenous to the community being served; and

   -- requiring that all materials and literature reflect positive role models of racial/ethnic groups and racial/ethnic diversity?

9. Does the policy/program require the analysis of the impact of its presence and provision of services on families and cultural institutions in communities being served?

10. Does the policy/program require the identification of points or stages by which (a) it has met its objectives; and (b) it can integrate its services into or extricate itself from the community served with minimal disruption?

11. Does the policy/program require that the racial composition of the staff at all levels (policymaking, administrative, and service delivery) reflect that of the client population?

12. Is the policy/program formulated on the basis of analyses of quantitative and qualitative data by race concerning the potential consumers of services?

13. Does the policy/program require (a) the collection of beneficiary data by race and data on the utilization of funds; and (b) the use of these data in the policymaking process?

14. Does the policy/program require the implementation of specific mechanisms to ensure that the needs and interests of consumers are incorporated into the design and implementation of services such as

    -- representation of consumers at all decision-making levels including Boards that govern the program services;

    -- representation of consumers in administration of program services, training design and implementation, and evaluation; and

    -- appropriate assessment of consumer needs and characteristics prior to development of service delivery strategies?

15. Does the policy/program require that program staff at all levels (policymaking, administrative, and service delivery) be trained to be responsive to the unique needs of racial/ethnic minorities?

16. Does the policy/program provide both funds and mechanisms to ensure adequate job-related training for all providers, at all levels of program planning and implementation?

17. Does the policy/program provide specific financial and other incentives to all the actors (state officials, program administrators, service providers, and clients) for the maintenance, stabilization, and reunification of families?

18. Does the policy/program require the exploration and application of alternative options before removing a member from the family?

19. Does the policy/program require coordination and linkages among programs and services that impact on families and children to allow for (a) a comprehensive continuum of care and (b) ease of entry into the social service system?

20. Does the policy/program require that program services be accessible and available (e.g., geographic location such that population at risk can get to services, time of operation that meets the needs of target population, and provision of transportation services as required)?

21. Does the policy/program require the provision of outreach services using vehicles familiar to target populations, e.g.,

    -- the involvement of community-based organizations and indigenous cultural institutions (e.g., churches, fraternities/sororities); and

    -- the development of culturally relevant outreach strategies and materials?

22. Does the policy/program have a specific, sufficient legislative base at Federal and state levels, and are policies consistent with that legislative base?

23. Are the policy/program goals easily understood by laymen and supported by concrete, measurable objectives (quantities, time frames, behaviors)?

24. Does the policy/program provide for sufficient funds to meet goals of the program, including planning, operations, monitoring, and evaluation?

25. Does the policy/program require monitoring of state and local program activities by using methods to protect the rights of families, such as

    -- regular on-site visits by Federal and state officials;

    -- data collection requirements designed to ensure compliance with regulations and guidelines; and

    -- consumers' review of service delivery?

26. Does the policy/program minimize the negative impact on consumers of service when states are financially penalized because of noncompliance with regulations?

Program-Specific Criteria

1. Does the policy/program require that priority be given to the cultural integrity of the family, so that race and ethnicity are considered primary and critical factors in the placement of children in foster homes and adoptive homes?

2. Does the policy/program require that fiscal incentives be provided for aggressive programs to identify, recruit, and approve foster and adoptive parents that are representative of the characteristics of the children in need of placement?

3. Does the policy/program recognize the costs benefits of services to the child in his/her natural environment as incrementally less expensive than services provided away from the natural family (e.g., foster family, group homes, institutions)?

4. Does the policy/program provide quality child health services to consumers, regardless of income?

5. Does the policy/program provide a mechanism that ensures that a comprehensive continuum of available child care services covers

   - group home care
   - center care
   - in-home care
   - family day care

   for

   - infants and toddlers
   - preschoolers
   - school-aged children
   - children with special needs
   - odd-hour care

   providing

   - health services
   - parent involvement, education, and training
   - social services
   - child development
   - nutrition

6. Does the policy/program have a specific, sufficient legislative base at Federal and state levels and

   -- are policies consistent with that legislative base?

   -- is the legislative base consistent with comprehensive child care?

Uses of Criteria

The criteria can be applied, inter alia, in the following ways:

- In assessing, developing, and responding to new and existing legislative authorities and regulations.

- In preparing program guidelines for use in designing a new program to respond to a particular problem or in considering amendments to laws, regulations, or guidelines for individual programs.

- In reviewing legislation for purposes of developing regulations (while the legislation may not be totally responsive to the criteria, certain elements may be incorporated in the regulations, which will strengthen the Department's ability to implement the law in a manner consistent with the criteria).

- In developing program guidelines for the implementation of new regulations (the guidelines should provide important and vital direction to state agencies and local service providers and significantly influence the extent to which the programs are responsive to the criteria).

Recommendations for Criteria Implementation

Several key steps essential to incorporation of the criteria into the HHS policymaking process emerged from discussions by the Symposium participants and from pre-Symposium analysis. Following is a list of these implementation recommendations.

- An interagency work group, coordinated by DBAA, should be created to review and develop appropriate and attainable HHS methods for implementing the criteria.

- Formal briefings should be held for Assistant Secretaries and Heads of Principal Operating Components as part of the process of incorporating the criteria into Departmental processes.

- DBAA should seek Secretarial promulgation to legitimize the criteria and facilitate the overall process for their implementation.

- A strategy should be developed to inform state health and human services agencies about the potential application of the criteria and by service providers operating under state programs.

- HHS should bring together outside experts representative of major ethnic and racial populations to consider specific legislative, regulatory, and guideline requirements from the perspectives of those racial and ethnic groups.

- After identifying gaps in existing programs/policies relative to the criteria, research should be undertaken to determine which strategies have worked best in existing programs in response to the gaps raised by the criteria.

- The process for using the criteria within HHS should include, at a minimum, the following:

  -- testing of the criteria against Departmental legislative authorities, regulations, and guidelines;

  -- development of a summary memorandum for decisionmakers that describes how proposed laws, regulations, or guidelines respond to the criteria, including a rationale for not responding fully to a particular criterion and anticipated problems in implementation;

  -- assessment by policymakers of responsiveness of proposed policy/program and identification of areas for change in proposed law, regulations, or guidelines;

  -- revision of proposed legislation, regulations, or guidelines and preparation of memoranda for the Secretary outlining reasons criteria may not have been fully satisfied;

  -- incorporation of policies, strategies, and techniques into the policy/program to make it responsive to criteria;

  -- final review of proposed legislation, regulations, and guidelines utilizing criteria by cognizant officials; and

  -- final revision of laws, regulations, and guidelines.

- A monitoring system should be developed to ensure implementation of the criteria. General coordination and routine review of this system should be the responsibility of the Office of the Assistant Secretary for Planning and Evaluation, DBAA.

Recommendations for Research and Other Activities

- Seminars should be held to provide policymakers and program managers the opportunity to gain a more complete understanding of the unique characteristics of families, in particular racial and ethnic groups.

- There should be a role for Black researchers in all research activities sponsored by HHS. These include

  -- greater representation of Black Americans in policymaking research positions within HHS;

  -- greater participation of Black researchers on all panels reviewing proposals of prospective grantees and contractors;

  -- greater participation of Black researchers as consultants and advisors to all research organizations on an ongoing

basis, particularly at the inception of major new policy research efforts;

-- involvement of Black research organizations in major policy research (e.g., income maintenance, national health insurance, and research and demonstration programs);

-- greater emphasis on supporting the development of Black research organizations;

-- organization of an external group of Black service delivery professionals, academicians, and researchers to review existing and prospective research issues from a Black perspective and to develop a Black research agenda; and

-- better statistics concerning abortion and its incidence in the Black community, information concerning single-parent families as well as the roles of others within their informal support system, and documentation of actual child care needs and preferences.

- DBAA should be provided the resources to design and implement strategies to sustain a network of Black constituents concerned about the development and implementation of policies and programs that impact on Black families.

- More Black service providers must be involved in HHS programs to design services that relate to the Black perspective.

- The final report of the Symposium should be shared with all national and local Black organizations.

- HHS should either create a Departmental Advisory Committee on Black Families or initiate legislation that mandates the establishment of a Presidential Committee on Black American Affairs to ensure that proposed and existing legislation, regulations, and guidelines respond to the needs and concerns of Black families.

- The final Symposium report should be disseminated widely throughout the community of interest relative to HHS programs and particularly to Black individuals and organizations with such concerns (e.g., the Congressional Black Caucus).

- The results of the Symposium should be shared and discussed with the staff of the White House Conference on Families and the White House Conference on Children and Youth.

Program-specific recommendations included, by program area, the following:

Child Health

- The concept of "sexism" (e.g., in adolescent pregnancy programs) must be viewed in terms of its cultural meaning rather than superimposed on the Black community.
- Sex education that is consistent with cultural orientation (i.e., in adolescent pregnancy programs) should be provided to parents.

Child Care

- It is imperative that a formal legislative base for child care be promulgated by Congress.
- There is a need for a national policy on child care that states explicitly that early child development is good for all children.
- The need for child care should be reevaluated for the entire population, regardless of income.
- All child care services need to be of the same quality, so that states could not opt for using programs designed for only the poor or for less costly programs.
- Training and support should be geared to specific needs of providers of child care.

CHAPTER ONE: INTRODUCTION

1.1 Symposium Background and Objectives

This report describes the purpose, process, and outcomes of a Symposium entitled "Policy and Program Issues Related to Child and Family Services to Black Americans," held at the Harambee House Hotel in Washington, D.C. on April 30, May 1-2, 1980. The Symposium was sponsored by the Division of Black American Affairs (DBAA) in the Office of Special Concerns within the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services (HHS). DBAA is responsible for conducting program and policy analyses to advise the Secretary; Assistant Secretary for Planning and Evaluation; Deputy Assistant Secretary for Evaluation; and Heads of Principal Operating Components on the impact of departmental programs and the implications of alternative Departmental policies and strategies on services to Black Americans.

The Symposium was initiated in view of to the Administration's emphasis on improving public policies impacting on families. DBAA's initial concern was the existence of continuing disparities in the socioeconomic status of Black as compared to white families in America. In addition, based on its experience within the Department, DBAA recognized that there were:

- o no formal mechanisms to ensure that the special characteristics, needs, and strengths (e.g., strong kinship bonds, strong work orientation, adaptability of family roles, strong achievement orientation, and strong religious orientation) of Black children and their families were considered within the health and human services policy development and implementation processes;

- o relatively little data available concerning the status of Black Americans as beneficiaries within the various HHS programs and in some cases their status in the populations at risk;

- o too few Black Americans involved in the policy development, policy implementation, and program monitoring and enforcement processes within the Department; and

- o inadequate mechanisms to ensure the input of Black individuals and organizations outside of government in HHS policy and program development.

These conditions--the socioeconomic status of Black children and families, their special family characteristics, and the weaknesses in HHS processes--prompted DBAA to plan and organize a Symposium on policy and program issues related to child and family services to Black Americans. DBAA established three primary objec

(1) To identify and discuss policy and program issues in selected program areas that are of priority concern to Black families. The Symposium considered three program areas: child welfare services, child health, and child care.

(2) To develop a set of criteria that can be used to assess the responsiveness of future policies and programs to the needs of Black families. This was the most critical objective of the Symposium, since DBAA had learned that the Department did not have in place benchmarks which could be utilized in the HHS policy development processes for considering new or revised legislation, regulations, or guidelines. The presence of a set of criteria emerging from the needs and concerns of Black children and their families would be an important addition to HHS processes, which could help assure that these programs are designed and implemented in a more responsive manner. The criteria developed at the Symposium are presented in Chapter Two of this report.

(3) To develop recommendations/strategies for effectively incorporating these criteria into the HHS system. The task of effectively implementing the criteria was viewed by DBAA as at least equally as critical and as difficult as the process of developing the criteria, given the large and complex structure of the Department and the difficulties associated with change in any large institution. The recommendations, including specific strategies for implementation, are discussed in Chapter Three of this report.

Another objective of the Symposium was to identify recommendations concerning specific research initiatives or other activities which would enable HHS policies and programs to be more responsive to the needs of Black children and their families. (See Chapter Four.)

1.2 Symposium Planning and Design

The Symposium, unlike some other conferences and seminars, was defined as a working session. This approach was reflected in the preliminary research that occurred for the Symposium, the mix of participants selected, and the structure of the Symposium agenda.

Preliminary Research

A working paper was developed for the Symposium which focused on three major program areas: child welfare services, child health, and child care. The paper reviews the nature of concerns in each area from the perspective of Black families, describes the specific parameters of one or more HHS programs designed to address these concerns, and explores a series of different issues in the planning and implementation of the program. Specific policies and programs which were reviewed in each area are noted below.

Child welfare services	Title IV-A, AFDC Foster Care Title IV-B, Child Welfare Services Title XX, Grants to States for Social Services
Child health	Adolescent Pregnancy Programs Family Planning Maternal and Child Health Early Periodic Screening, Diagnosis, and Treatment
Child care	Title XX, Day Care Title IV-A, AFDC Income Disregard Head Start

The issues explored in the working paper were designed to start participants thinking about issues that might be considered at the Symposium; participants were also strongly encouraged to identify additional issues that they considered of importance. .

The data and information for the working paper resulted from a review of relevant literature pertaining to the programs, as well as from interviews with selected HHS officials. Where new legislation was being considered by Congress that would modify the nature of the program, these proposed legislative changes were also reviewed. The paper also described to participants the background and rationale for the Symposium as well as its design. The working paper is available as Volume II of this report. Feedback from some of the participants indicates that the paper is a useful analysis of the three program areas.

Selection of Participants

The Symposium design anticipated 30 official participants who would have primary responsibility for performing the tasks necessary to achieve the stated objectives. As planned by DBAA, participants consisted of government and nongovernment persons who are experts in the selected program areas. It was felt that both perspectives had to be considered in the development of criteria if the Symposium product was to reflect the needs of Black children and their families and also reflect the realities of what is and what is not possible in terms of the Federal response to these needs. Within the nongovernment group, DBAA endeavored to achieve a balance among academicians, practitioners, and advocates. Other experts were invited as participant-observers and were given the opportunity to share their knowledge and expertise with official participants. During the Symposium, the distinction between participants and participant-observers was almost negligible. Individuals contributed to the discussions as opportunities presented themselves. For this reason the term "participants" will be utilized throughout this report to denote both those invited as participants and those invited as participant-observers. A list of all participants is included at Appendix A.

1.3 Symposium Process

The Symposium agenda (see Appendix B) placed heavy emphasis on task groups and reporting of task group results as well as major presentations by key people from within and from outside HHS. Activities in these two areas are discussed below.

Task Groups

Participants were divided into three groups based on their expertise: child welfare, child health, and child care. Participants spent the bulk of their time during the Symposium in task groups. Task groups were facilitated by group process experts, who were supported by co-facilitators with substantive expertise in each of the program areas. The task groups moved through three stages in order to achieve the objectives of the Symposium:

In Stage 1, participants examined specific issues of concern to Black children and their families within each of the program areas. From these issues they identified cross-cutting issues relevant to most HHS programs for which criteria should be developed. Some groups did, in fact, identify cross-cutting issues at this stage. Others articulated specific issues within their areas.

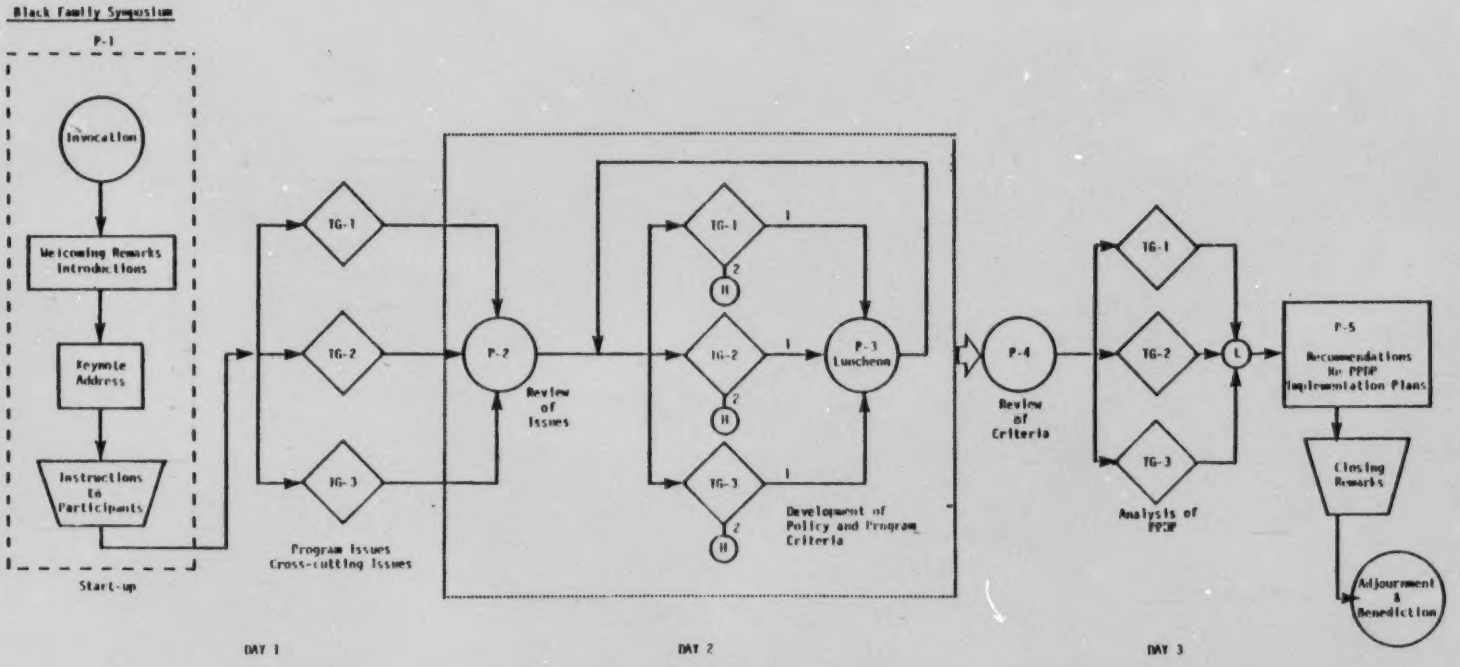
In Stage 2, participants moved to the development of criteria. Time was allotted on the third day in the task groups to allow participants to complete this stage before moving to Stage 3.

In Stage 3, participants developed strategies for the implementation of the criteria within the HHS system and made specific recommendations for research and other activities to address the responsiveness of HHS policies and programs.

Following each task group session, the facilitators prepared the results of their group for presentation to the entire body in a plenary session in which time was allowed for questions and answers. The time available did not allow a process of consensus building among the three task groups during the Symposium. However, as the later analysis will show, the groups developed many similar criteria relative to various issues. The following process diagram summarizes the activities of the 3-day Symposium.

Presentations

A plenary session held on the first morning of the Symposium was designed to establish the commitment of the Department of Health and Human Services (then HEW) to the goals and objectives of the Symposium. Lois Moore, Director of the Division of Black American Affairs, and Walter Broadnax, Principal Deputy Assistant Secretary for Planning and Evaluation, gave welcoming remarks. Designated by Secretary Patricia Harris, Dr. George Lythcott, Administrator of the Health Services Administration, gave the keynote address. Introducing Dr. Lythcott was Joseph Wholey, Deputy



Legend:
P-1 = 1st Plenary Session
TG-1 = Task Group #1
L = Lunch
H = Home
PPDP = Policy and Program Development Process

Assistant Secretary for Evaluation in the Office of the Assistant Secretary for Planning and Evaluation. Remarks were also made by Cesar Perales, Assistant Secretary for Human Development Services.

The presence of these and other top-level Departmental policymakers reflected their support of the Symposium objectives and established a firm foundation on which participants could begin their work.

A formal luncheon was held on the second day of the Symposium. The speaker was Dr. Leon Chestang, Professor of Social Work at the University of Alabama, and a recognized authority on the Black family. Mrs. Coretta Scott King, President of the Martin Luther King, Jr. Center for Social Change, and Mrs. Jean Young, former Chairperson for the International Year of the Child, attended as special guests and gave remarks in support of the Symposium. The presence and words of these three prominent figures within the Black community focused participants on the unique experiences of Black families and again underscored the importance of the mission of the Symposium.

Copies of the welcoming remarks of Dr. Broadnax, and the speeches of Dr. Lythcott, and Dr. Chestang are attached at Appendix C.

1.4 Recording and Analysis of Symposium Outcomes

Two methods were used to record the proceedings of the Symposium. As noted earlier, facilitators in each of the task groups recorded the results of the deliberations in each group. These results represent the primary outcomes of the Symposium. In addition, a verbatim transcript of the Symposium was made. These detailed deliberations of the task groups were used in defining the issues of concern to Black families which substantiated the criteria.

The issues and criteria of the Symposium were analyzed by formatting the data into a simple, three-column chart delineating task group issues, task group criteria, and final criteria. Cross-cutting Criterion 1 is used to illustrate this formatting process:

Column 1: Issues. Participants examined specific issues of concern to Black children and their families within each of the program areas (child welfare, child health, and child care). From these issues they identified cross-cutting issues relevant to most HHS programs for which criteria should be developed. The first column presents issues that established the basis for the development of the criterion or group of criteria identified within the task groups.

Task group issues include the following:

- Programs/clinics do not recognize or build on the role of extended families (para-kinships, surrogates, etc.) in child care and child rearing practices in the Black community.
- Present programs and policies do not support the role flexibility that has historically existed in Black families (i.e., pregnancy prevention is regarded as a female issue, work policies).
- Black families have members other than identified parent who are responsible for the child but not recognized by present policy.
- There is an increase in the number of single-parent families.
- Federal day care policies are not developed with adequate consideration of factors such as parental preferences and family structure in the Black community.
- Present policy and programs stereotype single-parent families and do not take into account the informal (invisible) support systems that exist in Black single-parent families.
- There are few alternatives or choices (in child care selection).
- More extensive public school involvement in the provision of day care may result in fewer options for Black families seeking the most appropriate day care arrangements for their children.
- Present programs and policies focus on females, but service availability (i.e., hours) restricts usage by employed mothers. This is especially critical for the single-parent, employed female.
- Public relation materials for many programs do not display or reflect ethnic diversity of consumer populations.

Column 2: Task group criteria. Using the above issues, participants developed policy and program criteria. The second column groups related criteria from the three task groups for comparison.

Task group criteria include the following:

- Is the program/policy compatible with familial styles and process of the target population by addressing

  -- the extended family

  -- role flexibility among family members

- Does the policy/program require a mechanism that will ensure responsiveness to the diversity (of life-style) among families?

- Does the policy/program ensure responsiveness to diverse family characteristics and styles which include:

  - options reflecting "extended family" concept

  - sharing of parental role among family members

  - allowing family preference regarding nature and type of services

  - single-parent families

  - high maternal employment

  - low income

  and which leads to diversity of staff composition and racially and ethnically relative program components?

- Is the program/policy designed to understand and respond to the dynamics of the target population being served?

- Does the program/policy reflect the working and living patterns of the consumer population?

- Is the program/policy designed to accommodate time frames of working parents and their children?

- Does the policy/program ensure that the program services are available via ... time of operation meets needs of target population?

Column 3: Final Criteria. The third column indicates the final criteria. This category was developed by DBAA and ALNA by consolidating the related criteria from the three task groups and by adding additional explanatory information from corresponding issues, when this was found to be useful or appropriate.

Final criterion include the following:

Is the policy/program designed with an understanding of the dynamics and diverse characteristics and lifestyles of families to be served, including

-- options reflecting extended family concept

-- role flexibility among family members, e.g., sharing of parental role among family members

-- family preference regarding nature and type of services

-- high proportions of single-parent families

-- high maternal employment

-- low-income status

-- particular working patterns of the consumer population, e.g., times of service accommodating family needs?

The final criteria went through stages of review and further refinement and reflect, as much as possible, the intent of the Symposium participants. These criteria were then sent in draft form to Symposium participants, and further revisions were made. (See Appendix D.)

The recommendations reflect the results of the deliberations in each group as presented in the recording sheets of the facilitators, the transcript, and discussions between DBAA and ALNA.

CHAPTER TWO: CRITERIA

As stated in the objectives for this project, the criteria are to be used to assess the responsiveness of future policies and programs to the needs of Black families. These criteria address agreed-on characteristics, needs, and concerns of Black families and their communities, and are to be used as an assessment tool by HHS policymakers and program managers in future policy development, policy implementation, and program monitoring and enforcement process activities. These three key processes are defined below as they are presented in the working paper.

- Policy development focuses on the analysis of existing legislation, regulations, and program activities to determine needed legislative changes (e.g., the process for proposing Child Welfare Services Amendments now in H.R. 3434) or the development of new legislative initiatives (e.g., the research and analysis that eventually resulted in legislation creating the Office of Adolescent Pregnancy).

- Policy implementation addresses the process of preparing regulations and guidelines that clarify the law. Decisions at this stage can make legislated programs more or less responsive to Black families. The process of revising the Federal Interagency Day Care Standards represents a major recent Departmental effort in policy implementation.

- Policy monitoring and enforcement include the activities of the Department to assure that programs are carried out in a manner which is consistent with law and regulation, and responsive to guidelines. The work now being done to organize the Office for Civil Rights in the Department of Health and Human Services, for example, will be crucial to its ability to monitor and enforce both law and regulation.

It is important to underscore that although the criteria were developed from the perspective of Black families and on the basis of issues of concern to those particular families, they are presented here in a fashion applicable to other families. It is DBAA's expectation that the criteria will be employed to respond to the needs of Black families and the diversities among those families while responding to the needs and diversities of all families.

Taken as a whole, the criteria offer a framework through which HHS personnel can carry out Departmental policy processes. They alert policymakers to issues ranging from the need to articulate the policy goals of particular programs in clear and measurable terms, to the need to design systems to monitor program implementation to assure its compliance with regulations and guidelines. Not only is the importance of cultural integrity in all Departmental programming emphasized. Also stressed is the need to assure that integrity through mechanisms including consumer participation, staffing patterns which reflect the target population, and service design and delivery by community-based organization controlled by the

primary target population. By drawing the criteria together in a comprehensive fashion, it is hoped that a more coherent framework for policy and program development can be created which will assure consideration and responsiveness to issues of concern to these populations.

As indicated previously, the criteria can be used in assessing, developing, and responding to new and existing legislative authorities and regulations. They can be used also in preparing program guidelines for use in the context of designing a new program to respond to a particular problem or in considering amendments to laws, regulations or guidelines of each individual program. For example, new legislation designed to reform the child welfare system (H.R. 3434) was recently passed by the Congress and signed by the President. The criteria ought to be used in reviewing the legislation for purposes of development of regulations. While the legislation may not be totally responsive to the criteria, it may be feasible to incorporate certain elements in the regulations that will strengthen the Department's ability to implement the law in a manner consistent with the criteria. Had the criteria been in place at the time the Department originally reviewed the former child welfare services legislation, the criteria could have been used to analyze that legislation and help formulate the provisions of the proposed new legislation. Similarly, when a task force was created to examine the problems of adolescent pregnancy, the criteria could have assisted in the program design process. DBAA would similarly propose that the criteria be used in the process of developing program guidelines for the implementation of new regulations, e.g., new day care regulations. While it is recognized that the basic framework for the new day care regulations has been already established, the guidelines should provide important and vital direction to state agencies and local service providers and significantly influence the extent to which day care programs are responsive to the criteria.

The Symposium did not propose, in many cases, the specific method or strategy that HHS ought to employ in order to ensure responsiveness to a particular criterion. A result of this is exemplified by the fact that while major emphasis was placed on the culture and cultural integrity of families, the specific service delivery strategies that would be responsive are not defined. Such methods or strategies in DBAA's judgment should more appropriately emerge from the application of these general criteria to specific problem areas being examined by the Department, whether the anticipated outcome is new or revised legislation, regulations or guidelines, or further research into what has or has not worked. Additionally, it would be an oversimplification of the complexity of the health and human services delivery systems to propose to operationalize these criteria for all HHS programs. There will be differences inevitably emerging from specific problems and programs.

Another important introductory note should be added here. The criteria must be viewed as interdependent. For example, a requirement that a local program reflect the diverse characteristics of families within its service area may become meaningless, unless mechanisms are required to ensure the participation of representatives of that community in the program development process at the local level and in the monitoring of the delivery

of that service. The creation of a mechanism for financing a particular service will be of little value in an inner city community if the service is not available or inaccessible to the community. And the availability of a service within a community may not be of optimum value unless that service is provided by a staff reflective of the population of that community and in a facility which respects the cultural integrity and rights to privacy of the individuals seeking the service.

Following is a list of the criteria:

Cross-cutting Criteria

1. Is the policy/program designed with an understanding of the dynamics and diverse characteristics and lifestyles of families to be served including

   -- options reflecting extended family concept

   -- role flexibility among family members, e.g., sharing of parental role among family members

   -- family preference regarding nature and type of services

   -- high proportions of single-parent families

   -- high maternal employment

   -- low-income status

   -- particular working patterns of the consumer population, e.g., times of service accommodating family needs?

2. Does the policy/program reflect and build on the cultural values and adaptive strengths (e.g., sharing of parental roles, strong religious ties) of families in its planning, design, delivery system, and individual case intervention strategies?

3. Does the policy/program strengthen the economic position of the family by providing financial and other incentives to keep families together and to enable families to become self-sufficient?

4. Does the policy/program identify and build on existing programs and services that are indigenous to the community being served by

   -- providing funds and mechanisms to enable community-based organizations to act as service providers;

   -- providing funds and mechanisms for organization "capacity building"; and

-- utilizing the expertise of representatives of indigenous cultural institutions to advise and approve the design and process of service delivery?

5. Is the policy/program directed at nurturing and sustaining the family as a unit by implementing services in a holistic context rather than focusing on individual-oriented services?

6. Does the policy/program, when establishing eligibility, take into account factors such as

   -- regional cost of living

   -- urban versus rural cost of living

   -- disposable income versus net (or gross) income

   -- neighborhood and community differences

   so that persons who need and desire services are not excluded?

7. Does the policy/program require, as a priority, that program services reach targeted disadvantaged populations living in poverty areas?

8. Does the policy/program mandate that priority attention be given to the cultural integrity of the family by considering race and ethnicity as primary and critical in the design and implementation of services, including

   -- requiring that all services be provided in a physical environment that respects and preserves the privacy, dignity, and cultural sensitivity of consumers, allowing for fiscal flexibility for improvement of physical environment as necessary;

   -- requiring that the operational assumptions and values that undergird programs support the cultural values of the consumers and not supplant or conflict with existing consumer values and practices;

   -- requiring that service delivery approaches identify and build on culturally based practices that are indigenous to the community being served; and

   -- requiring that all materials and literature reflect positive role models of racial/ethnic groups and racial/ethnic diversity?

9. Does the policy/program require the analysis of the impact of its presence and provision of services on families and cultural institutions in communities being served?

10. Does the policy/program require the identification of points or stages by which (a) it has met its objectives; and (b) it can integrate its services into or extricate itself from the community served with minimal disruption?

11. Does the policy/program require that the racial composition of the staff at all levels (policymaking, administrative, and service delivery) reflect that of the client population?

12. Is the policy/program formulated on the basis of analyses of quantitative and qualitative data by race concerning the potential consumers of services?

13. Does the policy/program require (a) the collection of beneficiary data by race and data on the utilization of funds; and (b) the use of these data in the policymaking process?

14. Does the policy/program require the implementation of specific mechanisms to ensure that the needs and interests of consumers are incorporated into the design and implementation of services such as

    -- representation of consumers at all decision-making levels including Boards that govern the program services;

    -- representation of consumers in administration of program services, training design and implementation, and evaluation; and

    -- appropriate assessment of consumer needs and characteristics prior to development of service delivery strategies?

15. Does the policy/program require that program staff at all levels (policymaking, administrative, and service delivery) be trained to be responsive to the unique needs of racial/ethnic minorities?

16. Does the policy/program provide both funds and mechanisms to ensure adequate job-related training for all providers, at all levels of program planning and implementation?

17. Does the policy/program provide specific financial and other incentives to all the actors (state officials, program administrators, service providers, and clients) for the maintenance, stabilization, and reunification of families?

18. Does the policy/program require the exploration and application of alternative options before removing a member from the family?

19. Does the policy/program require coordination and linkages among programs and services that impact on families and children to allow for (a) a comprehensive continuum of care and (b) ease of entry into the social service system?

20. Does the policy/program require that program services are accessible and available (e.g., geographic location such that population at risk can get to services, time of operation that meets the needs of target population, and provision of transportation services as required)?

21. Does the policy/program require the provision of outreach services using vehicles familiar to target populations, e.g.,

    -- the involvement of community-based organizations and indigenous cultural institutions (e.g., churches, fraternities/sororities); and

    -- the development of culturally relevant outreach strategies and materials?

22. Does the policy/program have a specific, sufficient legislative base at Federal and state levels, and are policies consistent with that legislative base?

23. Are the policy/program goals easily understood by laymen and supported by concrete, measurable objectives (quantities, time frames, behaviors)?

24. Does the policy/program provide for sufficient funds to meet goals of the program, including planning, operations, monitoring, and evaluation?

25. Does the policy/program require monitoring of state and local program activities by using methods to protect the rights of families, such as

    -- regular on-site visits by Federal and state officials;

    -- data collection requirements designed to ensure compliance with regulations and guidelines; and

    -- consumers' review of service delivery?

26. Does the policy/program minimize the negative impact on consumers of service when states are financially penalized because of noncompliance with regulations?

Program-Specific Criteria

1. Does the policy/program require that priority be given to the cultural integrity of the family, so that race and ethnicity are considered primary and critical factors in the placement of children in foster homes and adoptive homes?

2. Does the policy/program require that fiscal incentives be provided for aggressive programs to identify, recruit, and approve foster and adoptive parents that are representative of the characteristics of the children in need of placement?

3. Does the policy/program recognize the costs benefits of services to the child in his/her natural environment as incrementally less expensive than services provided away from the natural family (e.g., foster family, group homes, institutions)?

4. Does the policy/program provide quality child health services to consumers, regardless of income?

5. Does the policy/program provide a mechanism that ensures that a comprehensive continuum of available child care services covers

   - group home care
   - center care
   - in-home care
   - family day care

   for

   - infants and toddlers
   - preschoolers
   - school-aged children
   - children with special needs
   - odd-hour care

   providing

   - health services
   - parent involvement, education, and training
   - social services
   - child development
   - nutrition

6. Does the policy/program have a specific, sufficient legislative base at Federal and state levels and

   -- are policies consistent with that legislative base?

   -- is the legislative base consistent with comprehensive child care?

CHAPTER THREE: RECOMMENDATIONS FOR CRITERIA IMPLEMENTATION

The criteria articulated represent the beginning of the formulation of a framework within which to examine new and existing HHS policies and programs which affect families. However, they cannot simply be handed to policymakers and program management officials for utilization. A framework for their implementation within HHS must be developed; a framework which incorporates a variety of key factors essential to incorporation of any such tool in the policymaking process in a Federal agency. In this section a series of implementation steps which emerged from the discussions of the Symposium participants and the pre-Symposium analysis are recommended for consideration by HHS. The specific recommendations are: the creation of a work group; briefings for policymakers; Secretarial promulgation of the criteria; state-level use of criteria; utilization of the criteria by external experts; research relative to criteria; the criteria utilization process; and monitoring of implementation.

Creation of a Work Group

While a number of different government and nongovernment experts participated in the Symposium and contributed to the development of these criteria, they do not represent a consensus of the Symposium participants. For this reason, as well as because it is essential that persons within the policy and program offices of HHS have an investment in the criteria and their utilization, it is recommended that an interagency work group coordinated by the Division of Black American Affairs be created, which would review and develop appropriate and attainable HHS methods for implementation of the criteria. Both the criteria and the proposed implementation methods would be presented by the Assistant Secretary for Planning and Evaluation to the Secretary (HHS) for approval and institutionalization within the Department.

Briefings for Policymakers

As part of the process of incorporating the criteria into Departmental processes, formal briefings should be held for Assistant Secretaries and Heads of Principal Operating Components. Such briefings would provide these persons with the opportunity to comment on the utility of the criteria prior to their final issuance, and further contribute to the investment in the criteria on the part of all units in the Department.

Secretarial Promulgation of the Criteria

The application of a tool, such as these criteria, requires significant political support within an agency as large as HHS. Such political support is primarily forthcoming from the Secretary of the Department working in conjunction with the Assistant Secretaries and the Heads of the Principal Operating Components. Secretarial promulgation will legitimize the criteria and facilitate the overall process of their implementation. Additionally, and equally important, the Secretary's action can make clear that minority issues must be a priority concern of the Department.

State-Level Use of Criteria

A strategy should be developed to inform the state health and human services agencies about the criteria and their potential application both at the state level, and by service providers operating under state programs. This could be accomplished by strategies such as the development of appropriate information materials, presentations and discussions at meetings of state officials, and training sessions for personnel in state and local health and human services agencies. HHS regional office networks should work in concert with DBAA to develop appropriate approaches.

Use of the Criteria by External Experts

A major issue of concern to participants, as well as other interviewees within HHS, was the need for more extensive minority input in the Department's public policymaking processes. The suggestions above concerning the use of the criteria focused on their application by Federal officials. It is also essential that a part of the HHS policymaking processes recognize the need for the Department to bring together outside experts representative of the ethnic and racial target populations to consider specific legislative, regulatory, and guideline requirements from the perspectives of those ethnic and racial groups. For example, bringing together the individuals who participated in the child welfare task group at the Symposium to examine H.R. 3434 in the context of the criteria would provide the Department with a perspective different from the one that might emerge from the Department's processes.

These external experts would provide direct assistance and guidance to the Department in the initial stages of the development of legislative initiatives, regulations, and/or guidelines. (Their input would not substitute for the need of the Department to consult with public interest groups as well as advocacy organizations representative of the constituent of these same ethnic and racial groups, however.) The input from such experts should be coordinated by the Division of Black American Affairs consistent with the Division's mandate to assess the responsiveness of Departmental policy and programs to Black families and children. Sufficient resources should be made available to DBAA to carry out this recommendation.

Research Relative to Criteria

The criteria should be tested against Departmental legislative authorities, regulations, and guidelines. This process will reveal the extent to which the policy responds to or addresses the criteria and will identify gaps in existing programs relative to the criteria. Research should then be undertaken to determine which strategies have worked best in response to issues raised by the criteria. This would provide a basis upon which to implement the criteria by incorporating strategies that have proven successful in particular program settings. It is not proposed that major new data collection occurs, but rather that available literature, supplemented by interviews with selected Federal, state, and local officials be used.

Criteria Utilization Process

A systematic process must be established for use of the criteria within HHS. That process should include, at a minimum, the following:

- the testing of the criteria against Departmental legislative authorities, regulations, and guidelines;
- development of a summary memorandum for decisionmakers which describes how proposed laws, regulations, or guidelines respond to the criteria; including a rationale for not responding fully to a particular criterion and anticipated problems in implementation;
- assessment by policymakers of responsiveness of a proposed policy/program; identification of areas for change in proposed law, regulations, or guidelines;
- revision of proposed legislation, regulations or guidelines and preparation of memoranda for the Secretary outlining reasons criteria may not have been fully satisfied;
- incorporation of policies, strategies, and techniques into the policy/program which make it responsive to criteria;
- final review of proposed legislation, regulations, and guidelines utilizing criteria by cognizant officials; and
- final revision of laws, regulations, guidelines.

The process should reveal the extent to which the criteria have been satisfied and, by so doing, allow policy and program officials to re-examine these decisions when programs are monitored and evaluated.

Monitoring of Implementation

Symposium participants, or sub-groups of participants, should come together to review strategies for implementation of the criteria. In addition, a monitoring system should be developed to insure implementation of the criteria by the Department. General coordination and routine review of this system should be the responsibility of the Office of the Assistant Secretary for Planning and Evaluation/DBAA.

CHAPTER FOUR: RECOMMENDATIONS FOR RESEARCH AND OTHER ACTIVITIES

Symposium participants set forth a range of additional recommendations for consideration by policymakers within HHS. These recommendations concern specific research initiatives and other activities to enable HHS policies and programs to be more responsive to Black children and their families. In this section recommendations emerging from the Symposium in two categories are presented: (1) general recommendations related to concerns which cut across specific program areas discussed at the Symposium, and (2) program-specific recommendations.

4.1 General Recommendations

Seminars for HHS Policymakers and Program Managers

Many of the policymakers and program managers within HHS have had limited exposure to the cultural and life experiences of Black families as well as families from other ethnic, minority groups. While the criteria have been developed from a generic perspective to allow their applicability to the needs of all families, it seemed obvious that application of the criteria to the needs of particular racial, ethnic groups would be enhanced if seminars were held to provide policymakers and program managers the opportunity to gain a more complete understanding of the unique characteristics of families in these groups. These seminars could be designed around specific methods and strategies which have been employed in various HHS programs across the country to more effectively meet the needs of these population groups. The design of such seminars might also take into account the information needs of policymakers and program managers at the state and local levels as well. The seminars might be modeled after an initiative by the National Institute of Mental Health to assist administrators of Community Mental Health Centers (CMHC) to develop strategies which would enable them to recruit and retain racial and ethnic minorities as consumers of CMHC services.

Research

Symposium participants very strongly emphasized that there must be a role for Black researchers in all research activities sponsored by HHS. Black researchers bring a different perspective to the research problems; white researchers, even those who are experienced and well-intentioned, cannot provide adequate representation for Black people. The research recommendation incorporated a range of elements:

- a need for greater representation of Black Americans in policymaking research positions within HHS;
- a need for greater participation of Black researchers on all panels reviewing proposals from prospective grantees and contractors;

- a need for greater participation of Black researchers as consultants and advisors to all research organizations on an ongoing basis, particularly at the inception of major new policy research efforts;

- the need to involve Black research organizations in major policy research (e.g., income maintenance, national health insurance, and research and demonstration programs);

- a need for greater emphasis on supporting the development of Black research organizations. Options for this objective include the use of existing authority (e.g., set-asides for minority business), review of existing grant and contracting processes with an eye to ensuring greater access by Black researchers, and also new legislative set-asides for Black research organizations which would engage in interdisciplinary research and policy analysis. This would promote program development and service delivery strategies sensitive to Black issues. It was further proposed that a task force be organized to examine this strategy and to give particular attention to the research potential of Black colleges and universities as well as to build upon existing efforts to strengthen Black research capability);

- a need to organize an external group of Black service delivery professionals, academicians, and researchers, to review existing and perspective research issues from a Black perspective and to develop a Black research agenda. Participants also emphasized the importance of such Black research issues being articulated in the ongoing policy research agenda development processes within the Department. The Office of Human Development Services develops a research agenda on an annual basis which, in view of some participants, ought to be more influenced by the needs of Black children and their families. Following on the development of such an agenda, HHS should invest more funds on research issues of concern to the Black community; and

- specific cultural research issues discussed at the Symposium include: the need for better statistics concerning abortion and its incidence in the Black community; information concerning single-parent families as well as the roles of other persons within their informal support system; and documentation of actual child care needs and preferences.

Constituency Building

Participants recognized the limited involvement of Black constituency organizations representing Black children and families who are involved in HHS programming. It was recommended that DBAA be provided the resources to design and implement strategies to sustain a network of Black constituents concerned about the development and implementation of policies

and programs within HHS which impact on Black families. Symposium participants should form an important part of that network. They should also maintain contact and continue to be supportive of DBAA initiatives.

Black Service Providers

More Black service providers must be involved in HHS programs to design services that relate to the Black cultural perspective.

Involvement of National Black Organizations

The final report of the Symposium should be shared with all National Black organizations. Briefings should be conducted where feasible. The support of such organizations for the utilization of the criteria within HHS should be strongly encouraged.

National HHS Advisory Committee on Black Americans

Participants recommended that HHS proceed either to create a Departmental Advisory Committee on Black Families, or to initiate legislation which would mandate the establishment of a Presidential Committee on Black American Affairs to ensure that proposed and existing legislation, regulations, and guidelines respond to the needs and concerns of Black families. The committee should consist of consumers of services, practitioners, researchers, policymakers and program planners, academicians, and legislative aides. It was further recommended that DBAA be charged and funded to provide administrative liaison and support services to this committee.

Further Symposia

It was recommended that similar symposia be held on a regular basis to review the responsiveness of HHS programming to the needs of Black children and their families. Additionally, it was suggested that such symposia might be held in specific program areas in order to focus more directly on ways to modify policies and practices which may adversely affect Black families, and design new strategies to assist them more effectively.

Dissemination of Symposium Findings

Two strategies for dissemination of Symposium findings were proposed. First, it was suggested that the final Symposium report be disseminated widely throughout the commmunity of interest relative to HHS programs, and particularly to Black individuals and organizations with such concerns (e.g., the Black Caucus). Additionally, special concern was expressed concerning the need to disseminate the findings of the Symposium to grassroots organizations. Further, it was proposed that a six-to eight-page action booklet be prepared for these organizations to stimulate planning and action.

Input to White House Conferences

The results of the Symposium should be shared and discussed with the staff of the White House Conference on Families and the White House Conference on Children and Youth.

4.2 Program-Specific Recommendations

Child Health

- The concept of "sexism" (e.g., in adolescent pregnancy programs) must be viewed in terms of its cultural meaning rather than superimposed on the Black community.
- Sex education should be provided to parents that is consistent with their cultural orientation (i.e., in adolescent pregnancy programs).

Child Care

- It is imperative that a formal legislative base for child care be promulgated by Congress.
- There is a need for a national policy on child care which states explicitly that early child development is good for all children.
- There should be a reevaluation of needs for child care for the population, regardless of income.
- All child care services need to be of the same quality, so that states cannot opt for using programs designed for only the poor or less costly programs.
- Training and support should be geared to specific needs of providers of child care.

APPENDICES

A. Symposium Participants

B. Symposium Agenda

C. Speeches

D. Issues/Criteria Analysis Charts

APPENDIX A: SYMPOSIUM PARTICIPANTS

SYMPOSIUM ON POLICY AND PROGRAM ISSUES RELATED TO
CHILD AND FAMILY SERVICES TO BLACK AMERICANS

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SYMPOSIUM ON POLICY AND PROGRAM ISSUES RELATED TO
CHILD AND FAMILY SERVICES TO BLACK AMERICANS

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SYMPOSIUM ON POLICY AND PROGRAM ISSUES RELATED TO
CHILD AND FAMILY SERVICES TO BLACK AMERICANS

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APPENDIX B: SYMPOSIUM AGENDA

AGENDA

Wednesday, April 30, 1980

8:00 a.m. - 9:00 a.m.	**Registration**	
9:00 a.m. - 10:30 a.m.	**Opening Plenary Session**	
		Objectives To set the tone for the 3-day symposium; To sanction the objectives; and To develop a commitment to address symposium issues.
	Presiding	Lois M. Moore Director Division of Black American Affairs, Planning and Evaluation, HHS
	Invocation	Rev. Henry C. Gregory, III Shiloh Baptist Church of Washington
	Welcoming Remarks	Walter D. Broadnax Principal Deputy Assistant Secretary for Planning and Evaluation, HHS
	Introduction of Keynote Speaker	Joseph S. Wholey Deputy Assistant Secretary for Evaluation, Planning and Evaluation, HHS
	Keynote Address	Dr. George I. Lythcott Administrator Health Services Administration, HHS
10:30 a.m. - 10:45 a.m.	Introduction of Participants and Special Guests	Diane C. Stratton Project Officer Division of Black American Affairs, Planning and Evaluation, HHS
10:45 a.m. - 11:00 a.m.	**Coffee Break**	
11:00 a.m. - Noon	Guidance for Symposium Participants	Dennis L. Roberts, II Project Manager A. L. Nellum and Associates

Objectives
To describe the rationale for the task group assignments;

To identify group leaders; and

To define the expectations for the task groups and plenary sessions.

Noon - 1:00 p.m. **LUNCH (OPEN)**

1:30 p.m. - 5:00 p.m. **Task Group Meetings: Review of Selected HEW Programs**

Objectives
To consider the critical priority issues of concern to the Black family in the specific HHS programs under review;

To identify issues that cross-cut most of the programs and represent common concerns of Black families; and

To develop recommendations to resolve these issues.

Task Group 1
Co-Facilitators Dr. William H. Wheeler
Cost Center Director
A. L. Nellum and Associates

Alfred Herbert, Sr.
Executive Director
Lower East Side Family Union

Task Group 2
Co-Facilitators Erma Wright
Director
Southeast Regional Support Center
A. L. Nellum and Associates

Theodora Ooms
Deputy Director
Family Impact Seminar
George Washington University

	Task Group 3 Co-Facilitators	Loretta Carter-Miller Senior Consultant A. L. Nellum and Associates Bobbie Creque Member, Board of Directors Day Care and Child Development Council of America
7:00 p.m. - 9:00 p.m.	**Reception**	Objective To provide an opportunity for participants and selected non-participants to get acquainted in a more informal setting.
Thursday, May 1, 1980		
9:00 a.m. - 10:30 a.m.	**Plenary Session: Presentation of Task Group Results**	Objectives To review cross-cutting issues that have been identified and compile a list of issues that should form the basis for developing criteria; and To present program issues and recommendations for sanction by all participants.
	Presiding	Dennis L. Roberts, II
10:30 a.m. - Noon	**Task Group Meetings: Development of Policy and Program Criteria**	Objectives To develop criteria relative to the issues identified for use in HHS policy development, policy implementation, and program monitoring and enforcement processes; and To test those criteria against new congressional initiatives and HHS program regulations or guidelines.

Noon - 1:30 p.m.	**LUNCHEON**	
		Objective To strengthen the substantive framework within which participants consider policy and program criteria.
	Presiding	Walter D. Broadnax Principal Deputy Assistant Secretary for Planning and Evaluation, HHS
	Luncheon Address	Dr. Leon Chestang Professor and ACE Fellow in Academic Administration Office of the President University of Alabama
	Special Guests	Mrs. Coretta Scott King President Martin Luther King, Jr. Center for Social Change and Deputy Chairperson White House Conference on Families
		Mrs. Jean Young Chairperson International Year of the Child
1:30 p.m. - 5:00 p.m.	**Task Group Meetings: Reconvene ... Development of Policy and Program Criteria**	
Friday, May 2, 1980		
9:00 a.m. - 10:30 a.m.	**Plenary Session**	
		Objective To review and seek to arrive at a consensus on the criteria developed by the task groups.
	Presiding	Dennis L. Roberts, II
10:35 a.m. - Noon	**Task Group Meetings: Incorporating Criteria Into the HHS System**	

Objectives

To review the HHS policy development, policy implementation, and program monitoring and enforcement processes; and

To recommend approaches for incorporating the criteria into these processes so that HHS policies and programs will be more responsive to the needs of Black children and Black families.

Noon - 1:00 p.m. — **LUNCH (Open)**

1:00 p.m. - 4:30 p.m. — **Plenary Session: Recommendations for Incorporating Criteria Into HHS Processes**

Objectives

To review the recommendations of each task group for incorporating criteria into the HHS processes;

To seek to arrive at a consensus on recommendations to HHS; and

To consider appropriate follow-up actions to ensure implementation.

Closing Remarks — Walter D. Broadnax
Diane C. Stratton
Lois M. Moore
Dennis L. Roberts, II

Benediction — Rev. Ernest R. Gibson
Council of Churches of Greater Washington

Assistance in the planning and implementation of this Symposium has been provided by A. L. Nellum and Associates, Inc., of Washington, D.C., pursuant to contract HEW-100-79-0165. The contractor staff included

Dennis L. Roberts, II
Project Manager

Martin J. Blank
Cost Center Director

Sheila McCullough
Research Associate

William Ted Gray
Conference Coordinator

APPENDIX C: SPEECHES

REMARKS BY

WALTER D. BROADNAX
PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

SYMPOSIUM ON POLICY AND PROGRAM ISSUES
RELATED TO CHILD AND FAMILY SERVICES
TO BLACK AMERICANS

HARAMBEE HOUSE HOTEL
WASHINGTON, D.C.

APRIL 30, 1980

Honored guests, ladies and gentlemen. It is indeed uplifting to see by your presence here today that you share our concerns about Black children and their families. We appreciate that each of you took the time from your busy schedules to work with our Division of Black American Affairs on this crucial issue.

I am delighted and honored to speak before such a distinguished assembly comprised of talented professionals and deeply concerned citizens. Talking before friends and colleagues who support responsible health and social services is always a joy.

Through this event, a close cooperation and understanding can be developed. Based on this new union between all segments represented here, a new coalition can move forward to insure that the services delivered by our programs are made more responsive and appropriate, effective and humane.

This very special coalition of planners and practitioners, of advocates and scholars is vital and more urgently needed now as we prepare to meet a difficult future. Among participants here today are high-level Department personnel in policy planning, leading administrators, and consistently concerned citizens, and activists.

This is a gathering of those who implement as well as those who challenge what we create and apply--executive level persons joined with the foot soldiers, the program architects with those who carry out the plan and those who critique as citizens. Through this creative process, we have a unique opportunity to roll up our sleeves and to work together towards significant accomplishments which will improve the quality of services we provide while affecting the quality of life of those whom we serve.

The challenge that we face is both demanding and serious: demanding because we aspire to transform the lives of many people who now reside near the boundary of despair but who yearn to move into the mainstream of our society. That aspiration will not be easily realized. Our challenge is a serious one because human life and our hope for the future is dependent, to a significant degree, on the children and families on whom we now focus our attention and analysis.

As the Departmental office responsible for providing policy developmental guidance, technical assistance, program evaluation direction for all Department principal operating components and agencies, the Office of the Assistant Secretary for Planning and Evaluation must continually seek ways to tailor social policies to the needs of our primary beneficiaries.

Society's basic institution, the family, is facing many new and multifaceted problems, so much so that President Carter felt it necessary to initiate a national effort to study the family. In conjunction with other Federal initiatives, the White House Conference on Families was convened to assess the relationship between Federal programs and policies and family stability. With this objective in mind we feel it is also appropriate and timely to categorically define and recognize the uniqueness of specific population groups as well as to identify and examine those HEW programs and

policies that clearly impact upon these groups.

This Department administers most of the major legislatively mandated programs in the United States that are designed for children. Many of the programs concentrate almost exclusively on children and youth including such programs as Right to Read, Child and Maternal Health, Child Abuse and Neglect, Early Periodic Screening, Diagnosis and Treatment, Head Start, Teacher Training, Day Care, Child Mental Health, Research on Child Development, Education for Handicapped, Sudden Infant Death Syndrome and Emergency School Aid.

The Division of Children, Youth and Family Policy, also within ASPE interfaces directly with the Department's Principal Operating Components and agencies which administer programs related to children and their families. Specifically, this Division is responsible for policy coordination, long-range planning, policy analysis, evaluation, and information dissemination related to children, youth and families.

As you can quickly see from a brief review of some of our activities, our office looks forward to the results of this Symposium. Your resourcefulness, expertise, sensitivity, and commitment to this effort are vital to ensure that we have the most appropriate policy developmental tools available to us. This effort represents the Department's commitment to assuring community input into the policy formulation process.

Through your contributions and commitment to this unique policy assessment process, we can create a stimulus for change within the programs we design and administer. Your assessment will enable us to develop new criteria which we desire and need, and will further enable us to improve our policies and programs. Prudence suggests this process but reality demands it.

Over the next three days we will be working to define initiatives which can be implemented within existing legislation and within legislation likely to be enacted in the current and future sessions of the Congress. We hope to discuss and reach consensus on key family issues related to child and family services to Black Americans. From these discussions and consensus building, we will develop policy criteria to assess programs, policies and delivery systems for children and their families.

Decisionmakers and program managers, at all levels of government, will then, for the first time, have benchmarks to judge the suitability and responsiveness of proposed policies for families during the formulation process as well as after policy enactment. Through this means we will be better able to engage in systematic thinking throughout the policy development process.

The responsibility for developing effectiveness in our efforts belongs to all of us.

The poor alone cannot solve their many problems. They do not have easy access to people such as yourselves. They seek not input, but results.

With us rests the task and challenge to secure change.

But change and improvement cannot be the sole responsibility of only those in government. From the academic community, your research and ideas must persuade us. From the communities, and organizations where you are leaders of worthy causes, you must share with us the responsibility for social change. From each sector represented here in this Symposium, we can begin to build a new consensus, create a new alliance and move toward a new coalition for systematic improvements within the policymaking process.

I believe that you have come, rearranged your schedules and other commitments because you wish to share in this mission which is to create criteria with which to modify, revise, and alter existing methodologies in order to improve service delivery to Black children and their families.

Those of us from HHS are resolute in our commitment to incorporate your guidance into this change process. I wish to assure you that each component within Planning and Evaluation will work together to assist HHS Principal Operating Components and agencies in designing the most appropriate and productive methods for the incorporation of these criteria into existing policy formulation processes within the Department. Furthermore, using these criteria we will be able to provide assistance and direction to offices and agencies in their efforts to modify existing program policies and advance our ability to conduct research and program evaluations.

We seek your help in accomplishing the objectives on which this Symposium is based. We must work as allies rather than adversaries. We must keep our goals clearly in mind. And we must give to this effort all the energy, talent, and capability present in order that we may better serve those who are in need.

Thank you.

PRESENTATION BY

GEORGE I. LYTHCOTT, M.D.
ADMINISTRATOR, HEALTH SERVICES ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

SYMPOSIUM ON POLICY AND PROGRAM ISSUES
RELATED TO CHILD AND FAMILY SERVICES
TO BLACK AMERICANS

HARAMBEE HOUSE HOTEL
WASHINGTON, D.C.

APRIL 30, 1980

I am happy to be part of this Symposium. Mr. Broadnax has called you special--and special you are: This is a small but select gathering. As you know, you are here to review selected policies and programs that affect the health and well being of Black children and Black families;

--then to develop recommendations, aimed at making them more responsive to the needs of Black families.

This is an important meeting and the stakes are very high, indeed. The issue you face was phrased starkly in the magazine "Black Enterprise" not too long ago.

"By the year 2,000" it asks, "will there exist a permanent Black 'underclass' in the United States, assigned for all time to the nether world of poverty and despair?"

That lays it right on the line.

For despite all the civil rights and equal opportunity laws, many Black families are still struggling for a mere piece of the American dream and for some it has been a losing battle:

In the last decade, the number of Black families who are poor rose by 19%-- from 1.3 million in 1969 to 1.6 million in 1978.

In that span of years, the number of unemployed Black family heads, almost tripled from 122,000 to 343,000.

Overall, the proportion of Black families, who are poor, remained unchanged at 28% throughout the decade. Underneath those statistics lies a mountain of misery and poor health.

I know from long personal experience as a pediatrician to poor Black families and other disadvantaged people in Boston, Harlem, and Oklahoma City, what poverty extracts from human health:

--A Black male's life expectancy is 7.9 years less than that of his white peer;

--Black newborns have a 50% higher health death rate during their first year of life, than do white newborns;

Virtually every disease is more prevalent among Blacks than whites.

Surveys show clearly that when Blacks finally see a doctor, they are much sicker than are whites.

Poverty attacks health in many ways:

--It means less money for food, housing and other necessities;

--It means living in neighborhoods where dangers abound;

--It means family disruption--43% of all Black youngsters are growing up in single-parent homes, compared to 13% for white children and broken families create emotional stress among adults and children which behavioral scientists are documenting can actually lead to very serious consequences for both.

--Poverty also predisposes to what I call the "Diseases of Despair"-- alcoholism, drug addiction, child abuse and violence in the home. Sexually transmitted diseases are also more rampant among the poor.

Teenage pregnancies are another hazard. Over 34% of Black teenage women become pregnant compared to less than 11% of white teenage women.

During a visit earlier this year to a community health center in rural Mississippi, Secretary Harris and I saw a 15 year old mother who had brought her 4 year old daughter to the pediatrician for care. Later, at the same center, we saw a 17 year old mother of three children, being examined in the "OB" clinic for her fourth pregnancy. Unfortunately, these are by no means rare occurrences among our inner city and rural Black populations.

Teenage pregnancy is a health hazard in itself, since women of this age are at considerably greater risk of delivering an infant that weighs too little at birth.

A newborn weighing less than 5 pounds 8 ounces is considered to be at high risk. In 1976, about 7% of all newborns in this country weighed under that, and among the poor that percentage was higher.

By way of comparison, during the same year, Sweden's percentage of low birth weight infants was 4% and among the urban population of the people's Republic of China it was a mere 2.5%.

Two-thirds of all infant deaths in America occur among low birth weight babies and these babies are 20 times more likely to die in their first year of life.

All of this urgently points to the need for a more intensive and thorough effort to give Black youngsters of both sexes, adequate education and counseling in sexual development.

We have the resources for this, we are just not using them systematically. Every county in the nation has a formal family planning program. We should make it a point to ensure that every Black youngster receives at least one counseling session through these programs.

We also need to redouble our efforts to ensure that our schools teach children about sexual development. This is no easy task because sex education is a controversial subject. Because of this, only eight states require sex education to be taught and just 39% of our school districts provide it in any form.

A second priority I would suggest to you, is that we see to it

that every Black woman who becomes pregnant receives early and continuing prenatal care. Too many Black women wait too long before seeing a doctor after they become pregnant.

Yet early prenatal care saves lives and improves an infant's survival prospects. Eight out of every ten women at risk of bearing a low-weight baby can be identified on their very first visit to a doctor and steps can be taken that measurably reduce that risk. On the other hand, women who don't see a doctor early in their pregnancy are three times more likely to have a high-risk newborn.

We know what benefits prenatal care confers. Back in 1967, for example, we began providing quality prenatal care to women in one of our community health centers in Birmingham, Alabama. As the percentage of women who received this care grew, infant mortality dropped. By 1977, the drop in infant deaths during the first month of life among these women was 47%.

Nationwide, we are steadily reducing the number of women who do not receive early prenatal care. From 1969 to 1977, the proportion of women receiving this care increased from 68% to 74%.

We should make it a goal to ensure that 100% receive prenatal care. Achieving that goal would strike a real blow for better health among Black mothers and infants.

Our next priority should be to ensure that every Black woman, who is pregnant, has the benefit of a medically supervised delivery. This too will save maternal lives and improve an infant's lifelong health prospects.

About one in every five pregnant women has a problem requiring expert medical attention at birth. Doctors can spot these problem deliveries during a woman's prenatal check-ups and arrange for this expert attention-- and risks to both mother and baby then drop dramatically during delivery.

There is no good reason why every woman in danger of having a complicated delivery should not receive expert care at the time of delivery. Federal funds in support of state and local facilities pay for neonatal intensive care units at no cost to a poor couple. Once again, a goal of 100% is a feasible target and we should settle for nothing less within this decade.

Another major priority should be to identify the second largest threat to infant survival and health--congenital disorders and birth defects. Genetic counseling and testing services are provided under a Federal/state program now in effect;

--Yet too many low income couples, many of them Black, do not know of these services and are unaware of the need for them.

We need to make these couples aware that they can receive genetic counseling and testing, at no cost to themselves.

Community health centers, family planning agencies and other maternal and child health programs in our Bureau of Community Health Services serve as entry points for these services by referring patients to the nearest generic network. We urge that they do so.

Our next priority should be to provide quality postnatal care for Black infants and their mothers. Postnatal care saves lives too. Immunizations, for example, against preventable diseases need to be given, and children should have physical examinations.

During the recent national immunization campaign, when doctors examined children who had never been immunized before, they discovered a sizeable reservoir of previously undetected conditions--hearing and vision problems, genetic disorders, anemia and other problems.

About 1 in every 5 school-age child has a condition that can interfere with learning, growth and development. If these conditions are spotted early and treated, children can progress normally in school. If not, many will end up as dropouts and social misfits.

Other problems command our attention too. Last week, the U.S. National Commission on the International Year of the Child submitted its report to President Carter. Among the Commission's findings, the Chairperson Jean Young, reported the following:

One million American children are victims of child abuse and neglect;

Ten million children have no regular source of medical care and 20 million have never seen a dentist;

Thirteen percent of all 17 year-olds in school are functionally illiterate;

Mental health services are not available to most of the children who need them;

There are over 5 million teenage problem drinkers.

These tragic data are telling us two things:

One--We need to devote more resources to the problem and;

Two--We need to develop a system in every community that identifies, tracks, treats and follows-up on the needs of Black families and other Americans at high risk because of their low income.

Secretary Harris has put her finger on the difficulty. She says: "We have not created enough incentives to encourage programs to work together, nor have we consistently made our primary objective the assurance that individual children are receiving the continuous comprehensive care they deserve."

Some initiatives aimed in these directions are underway. For example, the Public Health Service and the Health Care Financing Administration are developing a plan to coordinate all the Department's resources that aid children, eligible for Medicaid.

Also, a select panel for promotion of child health on which the Surgeon General and I sit as panelists, is developing a comprehensive national child health policy. It will make its recommendations to the Department and the Congress this Fall.

At President Carter's direction several months ago, the Department established an agency that is to act as a focal point for Departmental policies affecting children and families--the Administration on Children, Youth and Families.

Secretary Harris, in discussions with appropriate principal operating components, is encouraging a different Federal relationship with state and local governments, in addition to a new collaboration among Federal agencies and departments, putting a premium on flexibility and imagination in the development of health services at the delivery level. This could take many forms, for example, it could take the form of funding demonstration programs in federally subsidized housing projects and could involve Head Start, related social service programs and the programs of the Public Health Service.

Meanwhile, the agency that I direct is working with the Surgeon General and his staff, together with organizations in and outside the Federal establishment, to try and develop a system for identifying and tracking hign risk mothers and infants in every urban census tract and rural county in the nation.

I believe we will need the integrated involvement of local, state and Federal systems, together with the special resources and talents of the academic community, the foundations and local communities-- each doing what it does best, but in a team effort.

Meanwhile, as you know, President Carter has sent several legislative proposals to the Congress that would extend and integrate health care among poor families.

One is the Child Health Assurance Program (CHAP) that would bring 2 million more poor children and 100,000 pregnant women under Medicaid and provide assurances that they would receive continuing care.

The other is "phase one" of his national health plan that would fully subsidize comprehensive health care for some 15.7 million Americans who have no health coverage at all now.

Everyone here knows that we must ultimately commit more of the nation's resources to the poor. At the same time, we face an immediate reality--the specter of inflation.

To counter inflation, the President announced a comprehensive program on March 14 and sent a revised 1981 budget to Congress, calling for spending reductions of $15 billion dollars.

By these actions, the President has indicated firmly that the Federal government must take the lead in stopping the surge of inflationary expectations that have gripped the nation.

President Carter, however, has seen to it, that there will be no budget cuts proposed by this Administration, in those basic and essential human services like social security, AFDC, Medicaid, SSI and Head Start. The programs which serve as the foundations for this nation's commitment to the poor will remain intact.

In the past three years of this Administration, the agency I direct has received solid budgetary support. We have been able to double the number of community health centers to 903, and to increase substantially the field strength of the National Health Service Corps.

These and other programs of the Health Services Administration are the major health care resource for Black families and children. For example:

--83% of those who use community health centers are Black;

--66% of those who benefit from children and youth programs are Black;

--53% of those served by maternity and infant care programs are Black.

Overall, 85% of the people served by our agency belong to minorities--Black, Hispanic, Indian and others.

Our programs are providing excellent primary health care to underserved families. Our plan is to build a system of community-based health care. Medical teams from the National Health Service Corps provide a primary health manpower resource and community and migrant health centers, together with free-standing clinics, supported by section 330 funds, provide the physical plant and equipment.

These programs are one response to the health needs of Black families, but they should by no means be the only response. We also need to retool and rethink medical education. The admissions system, the skills presently learned in medical schools, and the expectations of students trained there are not providing us with enough doctors equipped and motivated to go into ghettos and rural outbacks where many poor minority families live.

Our medical schools are simply not turning out enough general and family practice physicians, pediatricians and internists who can provide primary care to the medically underserved. They are not selecting students

for medical school who are motivated for this kind of career;

--And those who are motivated toward these careers are often turned off and moved in the direction of sub-specialty medicine or other endeavors by the time they have been in medical school a few years.

We need more Black and other minority physicians because studies show they are predisposed to provide health care in places were minorities live. That's one reason why about 1 in every 5 medical students on National Health Service Corps scholarships is a minority.

Federal health manpower support programs are rapidly increasing the supply of physicians in America and it now appears that we may have an actual surplus by 1990. If ever the opportunity existed to ensure enough doctors for minority and rural families, it is in this decade. We need to look now at ways of stimulating the nation's 126 medical schools to train more doctors, who will have an interest in and a desire to treat the medically underserved.

Your agenda at this Symposium is a full one and I have not even touched on some of the other major problem areas you will be taking up.

We of the Federal government are doing all we can to improve services to Black families, recognizing as we do that we need to develop a more comprehensive approach.

It follows, of course, but I will say it for the record, the Health Services Administration, the service agency for which I provide the leadership, will work closely with the Division of Black American Affairs within the Office of the Deputy Assistant Secretary for Evaluation, and with other groups, to integrate and coordinate activity in maximizing the Federal effort.

But our efforts are only part of a larger initiative that must take place if the plight of America's Black families is to visibly improve in this decade:

--We must have a commitment by state and local governments and voluntary agencies to forge better working partnerships at the community level;

--We need the ideas and insights that will come out of studies within the academic community;

--We need a business and labor partnership that will provide employment opportunities for young Black people. Black youngsters living in South Chicago or Harlem should know that if they stay in school and out of trouble there will be a job waiting for them someday;

--We also need to change the juvenile justice system so that Black children are not drawn into it prematurely, and we need to provide appropriate care and treatment for Black children placed in foster homes and

institutions;

--Above all, we need to forge a new consensus in this country that speaks out for the invisible poor. Many Americans fear that inflation and taxes will lower their living standard. We have to make sure that these fears are not translated into budget cuts in programs that serve the poor.

As Secretary Harris said a few weeks ago, "In the last two decades, average wage earners have begun to anticipate two cars and a boat" as the new standard for the "good" life.

And as she says, there is nothing wrong with that, as long as the nation commits enough resources to meet the unfinished agenda for the poor. Much more vital, by far, to the future of America than two cars and a boat is the dream of equality and opportunity for all. Fulfilling that dream will do more to secure the nation's future and the happiness of its people, than all the luxury items ever manufactured. You, here, can help to fulfill that dream.

Time is of the essence because in a few years the nation will be called upon to help rescue third world nations from the financial catastrophe that is enveloping them as energy costs go up and up and inflation increases.

In the interests of humanity and world peace we will, no doubt, participate in that financial rescue effort. But on the scale of our own priorities, our own third world people, our own invisible poor, should come first.

We need your insights at this Symposium, so that we can give substance and direction to this priority.

So let us begin now, the work that lies ahead--as we look in depth at the Black family. The Secretary wishes you good luck in your deliberations.

Thank you.

BLACK CULTURE AND THE BLACK FAMILY: A STUDY IN COPING*

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TO BLACK AMERICANS

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* This is an edited version of Dr. Chestang's speech.

In addressing the subject of this paper, we embark again upon a journey which is treacherous for the scholar. The territory abounds with dangers, and there are pitfalls at every turn. On the one side, there is the ever present hazard of emotion threatening to confuse the issues. On the other side stands prejudice blinding us to the terrain. Hovering above us is subjectivity narrowing and distorting our perspective. But these are not all. There is yet another problem confronting us, a problem more subtle but equally dangerous, both to one who would lead on such a journey and to those who would follow him in the adventure: we have been there before -- with Du Bois and Myrdal; with Allison Davis and Franklin Frazier; with Billingsley and Ladner; and with many, many more. These earlier explorations have taught us much more, and they have given us a certain familiarity with the territory. This familiarity, however, can dull our sensitivity to aspects of the territory and features of the milieu which might have been overlooked, hidden from view, in our previous explorations.

When the study of the Black family and Black culture proceed in the heat of emotion and the irrationality of prejudice, the issues become confused, and when we approach the subject with illusions of familiarity, we become pretentious sophisticates whose facility with the people is hardly more than an appropriately placed "right on" or whose view of the culture is limited to an incomplete and often incorrect comprehension of their family styles, musical tastes, and food preferences.

This distorted perception of the Black family and Black culture is rooted in prejudice and discrimination and the myths and stereotypes which stem from these. If we are to move beyond this limited view, it is necessary to understand the Black family and Black culture as adaptations to the social circumstances which surround them.

This paper seeks to describe and to analyze Black culture as a coping strategy. Its thesis is that widely held views of Black culture grow out of the faulty foundation of two related approaches to the study of this subject: the focus on the poor and the use of the white middle class norm as the standard for assessing and defining Black culture. It proceeds on the assumption that Black culture cannot be understood apart from the social context in which it exists. Thus, we will examine the nature of that social context and its impact on the shaping of Black culture and the development of the family as one aspect of that culture. The outline of an alternative perspective for viewing the Black family and Black culture will be offered, and the implications of this analysis for program and policy development will be present.

Before understanding this analysis, it is necessary to state what is meant by the terms Black culture and coping. Our definition of Black culture is simple and straightforward, for we wish to avoid the romantic and to eschew the exotic notions which frequently accompany discussions of this subject. By Black culture we mean those characteristic ways of thinking, feeling, and behaving which have evolved out of the experience of Black people in American society. This definition acknowledges the possible influence of what Herskovits (1958) has called Africanisms (i.e., "residuals" from the African heritage) on these patterns, but it emphasizes the

significance of the American experience as the relevant consideration for this exploration.

Coping refers to any behavior or psychological process occasioned by threat and which serves the purpose of mitigating or eliminating that threat (Lazarus, 1966). In a word, "coping refers to strategies for dealing with threat" (p. 151).

Our understanding of the concept of Black culture will be clearer when we dissociate it from notions of deviancy and place it in the context of coping. Viewed in this fashion, Black culture is removed from the realm of the unusual and the strange and becomes, appropriately, a manifestation of one group's style of confronting, adapting to, and mastering its social environment. This, after all, is the challenge to all human groups, whatever their national origin or social status. A clearer perception of Black culture as coping rests on knowledge of the adoptive function of Black culture in the context of American society.

In attempting to set forth a description of Black culture, we risk charges of presumptuousness, if not arrogance. This is true, not only because of the emotion and the subjectivity -- as potent and dangerous as these are -- which often surround the subject. Neither is wide familiarity with the subject the only reason why such charges may be leveled. In addition to all of these, there is the fact that no description, however inclusive, could reflect the complexity of Black culture or individualized perception of it by a given Black individual. Our descriptions, therefore, will be incomplete. It is important, nevertheless, to attempt a description of Black culture, for, as Lazarus (1966) has reminded us:

> The individual case in science must be seen as an instance of general laws, and its fullest understanding comes from both the extensive study of an individual and the location of this individual within the general normative patterns. Awareness of this is important in the formulation of adequate conceptualizations. (p.24)

What is the nature of Black culture? What is its function for Black people? Answers to these questions form the foundation of our understanding of Black culture as a strategy for dealing with a peculiar set of social circumstances.

The Fallacious Comparison: The Black Poor and the White Middle Class

Two central problems have plagued the study of Black culture in the past: 1) the focus on the poor in this group and 2) the use of the white middle class norm as the base from which all Blacks, regardless of class, were to be judged. We will discuss these in turn as a prelude to the explication of our view of Black culture.

The focus of research and study on poor Blacks is understandable, since, for many years, this group comprised the majority of the Black population. In fact, one can say without distortion or exaggeration that the essence of Black culture was and is reflected in the lives of this group.

What then was and is the problem with this focus? In limiting their research to the poor, social scientists obscured critical elements of Black culture and began to define this phenomenon in terms of behavioral forms which were occasioned not by race, but by poverty. Following on the heels of that focus was a host of myths and stereotypes. Witness the myth of the matriarchy as a case in point. According to this notion, the Black female carries the leadership role within the family. This myth further implies that the Black female's leadership role is brought about by the weakness and inadequacy of the male.

In spite of evidence to the contrary, the myth of the matriarchy persists. The underlying reason for the existence of a significant number of female-headed households is ignored. It has been only in the last ten years that the nation at large has been sensitized to the extensiveness of the severity of racism in American society, and it is precisely the effects of racism which account, in the last analysis, for the female-headed household. But racism is an abstract idea. It is something others have or feel, never oneself. It is therefore fruitless to pursue the impact of racism on the level of personal culpability (although it can have very personal effects on Black individuals). It is more in keeping with our purpose and more to our point to look at the social impact of racism as an explanation for the so-called matriarchy.

Racism, the behavior based on the ideology that one group is superior to another, is most readily seen in its consequences: the unemployment rate for Black males more than doubles that for white males; the income for Black families is 40% less than that for white families; nearly 30% of Black families have incomes below the low-income level -- we could go on and on (U.S. Government, U.S. Department of Commerce, 1973). But it is sufficient to state the counter argument made by some observers (see, for example, Billingsley, 1968, Ladner, 1972): The disadvantaged economic position of Black men and Black families is a plausible explanation for a large number of female-headed households.

The weak male thesis and the insinuation of Black male sexual irresponsibility as attributes of Black culture are likewise subject to alternative explanations. If the Black male has assumed a subordinate role, it is because the societal constraints which he has faced have rendered him powerless, not only in the community at large, but also in his own home. Need I recount here the lynchings which were all too prevalent in the 1920's or the more recent racial murders during the 1960's? And need I tell again the stories of the Booker Washingtons, the Richard Wrights, and untold thousands of other Black boys who learned at their mother's knee (with a strap or a stick in her hand) that self-assertion, aggressivity, and yes, even competence were to be avoided at all costs, for their very lives depended upon this? Need I tell you again these stories? Perhaps not, for the sake of the very young, for they are too far removed, and the tales are too frightening. Perhaps not, for the sake of the very old, for they are too close, and remembering arouses shame and guilt. Perhaps not, for the sake of those who are neither too young nor too old, for they remember 1954 and 1966 and 1968, and they already know.

To return to our point about the error of defining Black culture through behavioral manifestations which are more appropriately associated with poverty than race, enough has been said to show that the total effect of focusing on the poor in research and scholarly discourses has been to confuse socioeconomic status with culture.

In addition to the above, the search for an adequate description of Black culture has been impeded by comparing Black cultural and familial patterns to those of white middle class. This tendency has grown out of the ironical assumption that since Blacks live in American society, their thinking, feeling, and behaving should conform to the norm of the society. This assumption has deep roots in American social philosophy which is embodied in the Constitution and which can be characterized as the American Dream. This view holds, among other things, that all men are created equal; that equal opportunity exists for all; that America is a great melting pot to which the homeless and those yearning to be free may enter and become one with their fellow men; and that the industrious and persevering will not only prevail but that they will succeed.

While these beliefs have resembled reality for the large majority of white Americans, for Blacks the American Dream has been the impossible dream. The social and political reasons why this is true are familiar and recorded widely in the literature (see, for example, Grier and Cobbs, 1968; Kardiner and Avesey, 1962; Knowles and Prewitt, 1969; Myrdal, 1944; Ryan, 1971), and it is not necessary to repeat them here. What claims our attention is the impact on scholarly discourse of using the white middle class norm as the base from which to assess Black culture and Black families.

Perhaps the most negative consequence of using the middle class norm in assessing Black culture has been what Cole and Bruner (1971) have called "the deficit interpretation". According to these writers, the deficit interpretation

> ". . . rests on the assumption that a community under conditions of poverty (for it is the poor who are the focus of attention, and a disproportionate number of the poor are members of minority ethnic groups) is a disorganized community, and this disorganization expresses itself in various forms of deficit (p. 867)."

The assumption of deficits in Black families follows on two faulty premises: First, this interpretation assumes that the ideal family type would look like the model on the wider society; and second, it assumes that the high illegitimacy rate, the single-parent family, and the frequency of absent father figures are indicators of deficiency in the structure of Black families. The critical flaw in the first premise is its failure to consider the differences in the social circumstances related to prejudice and poverty which Black families must face. The flaw in the second lies in its overlooking the possibility (and, indeed, the fact, as we shall show later) that Black families have developed alternative family structures which are in keeping with the reality of their social condition. We have already alluded to Billingsley's (1968) perceptive comments in this regard.

In failing to consider the points we have made above, large numbers of social scientists have come to define Black culture in very negative ways. These negative definitions and the intervention strategies they imply are increasingly being rejected by scholars and practitioners from both races. The analysis presented by Cole and Bruner is an outstanding illustration. The data which they review refutes the contention that minority group children suffer intellectual defects. In fact, these writers have "doubts as to whether any non-superficial differences exist among different cultural groups" (Cole and Bruner, 1971, pp. 867-868). They arrive at this conclusion on the basis of the anthropological "doctrine of psychic unity", which holds that in the "run of total experience", the assumption of intellectual equality among different groups is justified. Thus, the issue of the disorganization of Black culture or of the Black family is open to the question, "from whose point of view?".

The point of view above draws attention to an alternative way of looking at cultures other than one's own. It emphasizes the idea that different groups, due to the nature of their environments and conditions in society, tend to organize the world differently. It suggests therefore, that an interpretation of differences is more appropriate than an interpretation of deficit. This point of view will be familiar to social workers, for it is in harmony with Hartman's (1958) concept of adaptation which holds that man seeks to fit with his environment and that "the degree of adaptiveness can only be determined with reference to environmental situations" (p.23).

The importance of the above perspective in illuminating some of the issues involved in the current debate about the intellectual potential of Blacks and the viability of linguistic patterns among many members of this group is readily seen. The interpretation of difference urges us to consider the nature of the environment which is being negotiated when we study or evaluate the intelligence of an individual or a group. Given the nature of the environment which Blacks must negotiate, with all of its exclusion, rejection, poverty, and prejudice, it could hardly be expected that their method of negotiating their environment would duplicate that of members of the dominant group.

In the light of the above, the so-called matriarchy, the single-parent family, high illegitimacy rates, and the so-called weak male thesis must be viewed in terms of the social context in which they occur. They should not be used as evidence of the disorganization of Black culture or disorganization of Black families.

How then shall we define Black culture? If the elements we have addressed above do not adequately describe significant aspects of the culture, where shall we turn? It will be our purpose, in the next section of the paper, to attempt, if only in broad outline, to respond to these questions.

The Nature of Black Culture

We have tried to show above that many of the elements which are often placed under the rubric of Black culture are more often related to poverty

than to race. Indeed, a significant body of research has shown that exactly those same elements attributed to Blacks -- large families, absent fathers, female-headed families, and so forth -- are commonly observed among poor whites as well (Grier, 1968; Harrington, 1962; Valentine, 1968). These findings have been used by some people to suggest that a Black culture as such does not exist; that what one sees is a culture of poverty. While we will not take up that argument here, it is relevant to point out that poverty is a key pre-existing condition which gives rise to the process which we believe reflects the essential nature of Black culture.

In another place (Chestang, 1972), we identified three essential elements in the Black condition: Social injustice, societal inconsistency, and personal impotence. This, of course, was a conceptual way of talking about poverty and racism. These three conditions, when combined with a style of coping with them, comprise the Black experience. Out of this experience Black culture is developed. The reader is aware by now that we have elected to describe Black culture in terms of the elements which we have discredited earlier. A greater danger in the use of a trait approach in pursuing our subject, however, is that it causes us, as Mischel (1968) has shown, to overlook the fact that "behaviors which are often construed as stable personality traits are in reality highly specific and depend on the details of the evoking situations" (Mischel, 1968, p. 37). Another reason of the utmost significance for our decision not to pursue a listing of traits to define Black culture remains to be stated: The trait approach obscures our perception of what Blacks of both the lower and the middle classes have in common, and it is the discovery of that commonality which will reveal what we believe to be the real nature of Black culture.

Given the nature of the Black condition in American society--poverty and racism--and given the fact that in spite of that condition, Blacks are still citizens of this nation, the prevailing and consistent aspects of their lives which all Blacks share in common is the necessity to live in two worlds. This then is a part of the nature of the Black experience, and it is this fact which gives rise to Black culture. We have discussed this point in detail elsewhere, and we will treat it only briefly here (Chestang, 1976).

In the paper referred to above, we proposed that Blacks have a duality of culture. This duality grows out of the history and the acculturation of Blacks in this society. Slavery essentially severed the Blacks' cultural connections with their homeland. The result of this was the Blacks were forced to adopt the only culture which they knew, the American culture. At the same time, their participation in American society was circumscribed and conditional. Blacks, in a word, identified with larger American culture, but the opportunity to derive the benefits of that identification was denied them. As a result, their acculturation was dichotomized. Because certain sustenance needs, i.e., employment, economic resources, political power, and so forth, were lodged in the wider society, Blacks necessarily had to venture into that world. Their needs for nurturance, i.e., family, friends, supportive institutions, and so on, were obtained in the Black community. This dichotomy, however, had a critical influence on their affective response to each of these worlds involved in their existence. Blacks

related instrumentally to their sustaining environment (the wider society), holding back their emotional investment in it. In their nurturing environment (the Black community), because of its supportive features, they related to it with profound emotional investment. This distinction in emotional investment in the two worlds is significant in understanding Black culture, because it places some of the commonly observed differences in thinking, feeling, and behaving among Blacks in context. It does this by relating them to the social environment (the duality of culture) in which members of this group are constrained to live.

In this view, it is simplistic to suggest that Blacks possess only the culture of their nurturing environment or that they live marginally in or only caricaturize their sustaining environment. The fact is: They live in both worlds.

With this brief description of Black culture, we can now discuss its functions.

The Function of Black Culture: Coping

Valentine has suggested that culture "has come to mean, most simply, the entire way of life followed by a people" (1968, p.3). Black culture then is the way of life followed by most members of this group. But culture, Black or otherwise, would have no meaning unless it served some purpose for human beings. We hold that men create cultures as ways of mastering their environments, and, as we have already suggested, cultures differ according to the demands of the environment. What then are some of the important demands of the Black person's environment, and in what ways does his culture serve to help him to meet these demands?

When Black culture is understood as a psycho-social process involving at least two interacting systems, each serving to meet specific needs of Black individuals and groups, and when we understood that this process is set in motion by the limitations placed on the Black person's participation in the wider society, the nature of the environmental demands of the psychosocial functioning of this group becomes obvious. Limited opportunities for employment, meager economic resources, and circumscribed participation in the political sphere pose threats to their physical survival. Rampant personal rejection, inconsistent responses from the wider society, and the threat of physical and emotional well-being menace their security. Implication of inferiority, denegation of their talents and skills, and insults to their dignity abuse their self-esteem. It is the function of Black culture to mitigate and palliate these environmental demands for survival, security, and self-esteem.

The Survival Function

As we have said, it is within the wider society that those aspects of culture which are necessary for physical survival are found. The Black person must make excursions (incursions?) into that world if he is to survive. He is able to do this with the least danger to his integrity through relating instrumentally to that world. We mean by this that he

adopts a variety of strategies for obtaining the needed benefits without becoming personally vulnerable. The observation that many Blacks perform quite adequately on jobs but show no investment in the task is one manifestation of such strategies. This tactic was even more commonly used during the period when discrimination was more blatant, and Blacks of superior competence were consigned to menial tasks. Lack of interest in being a doorman, for example, when one possesses the credentials of a chemist should be understandable. That some Blacks used their political position to advance self-interest instead of group interest is regrettable but not surprising. This was (is) true, because the real political power remains with a patron who has the power to end one's career. Manipulations such as feigned humility and other self-effacing behaviors are also utilized in the course of obtaining survival needs.

These descriptions of behaviors represent only limited illustrations within a large range of possible behaviors which are aimed at meeting survival needs. They will be familiar to you, for they have been identified before. One reason for repeating them here is to show that, as separate entities, they are inappropriate designations of Black culture. Viewed from the perspective of duality in Black culture, they are discrete elements in a larger process, elements which can be fully understood only within the context of that process.

The Security Function

The security and the self-esteem functions of Black culture also stem from the constraints placed upon the Black person's participation in the wider society. In response to those constraints, Blacks have been pushed to bind themselves together for mutual support. This binding has both concrete and psychological dimensions which are interactive and reciprocal. Because the concrete dimensions are well known (e.g., the extended family, sharing resources, protections from "the man"), we will devote our attention to the psychological dimensions.

The psychological dimension of this "binding together" is the genesis of the idea of a "Black community." This idea of Black community is ultimately an abstraction. The existence of a real, unified monolith called the Black community does not exist. What does exist is the shared feeling of "we-ness" among Blacks growing out of their shared experience in relation to the wider society. This "we-ness" takes on a life of its own, and it serves as a haven against the assaults of the wider society. When we refer to the work of supportive institutions within the Black community, such as the Black church and the various fraternal organizations, we should be aware that they are able to do their work because of this psychological connection between and among Black people. It is in this sense and for these reasons that we are able to speak of the Black community.

The critical result of this psychological connection -- affinity is a better word -- is that one feels secure in the company of like-minded persons who have and have had similar experiences. One's expectation that they will understand, comfort, and protect is seldom unfulfilled. Examples of Blacks manipulating Blacks and Blacks denegrating Blacks will come to

mind, and the reader is likely to feel that we have exaggerated and romanticized our point. The reader is reminded, however, that he has looked in the wrong place for his argument. Members of the same family often come to blows; it is against the outsider that affinity becomes a bond.

The Self-Esteem Function

The abuses of self-esteem, as we have said, are related to the implications of inferiority, the insults to dignity, and the denegration of talent and skills. Within the Black community, the Black person has both a platform and an opportunity to display these talents and skills and to be rewarded for his abilities. While we could more clearly observe this in earlier times, when segregation was more open, the self-esteem function of Black culture continues. What was once the pride displayed by one's parents and friends within the territorial confines of the Black community can now be seen as a quieter identification with the exploits of one's Black fellows, whether in the academy or on the athletic field.

In addition to the above, the self-esteem function of Black culture can be seen in its provision of a base for identity. The former slave who persevered, outwitting his master and surviving; the depreciated Black child who struggled against heavy odds and achieved success; a people beaten down and whose spirits were crushed; all of these and more are elements in the Black identity. All of these and more provide a sense of purpose to the lives of untold thousands of Black people. Is it not true that all groups, in one sense or another, define themselves in terms of how they have mastered their environments? And is it not true that every group whose history has been colored by oppression has transformed that oppression into an asset? We do not wish to imply that the seeds of good germinate in oppression. We want only to suggest that men do what they must to maintain their dignity and self-esteem in the face of oppression. We imply only that the human being adapts, copes, and creates, using the means available to him.

Implications for Program and Policy Development

In setting forth this statement about Black culture as coping, I do not claim originality. The contribution of this discussion lies in its effort to describe Black culture as a process which evolves out of the social context in which it exists. This point emphasizes the idea of Black culture as coping. Since this Symposium is concerned with the relevance and responsiveness of policies governing social welfare services affecting Black families, such an understanding should point the way to more effective and responsive government policies to families who are members of this group.

I have pointed out that poverty is a key pre-existing condition which gives rise to the process believed to reflect the essential nature of Black culture. This fact implies the necessity for policies designed to promote the welfare of Black families to be judged in terms of the degree to which they address this issue. Thus policies which encourage fathers to abandon their families are inconsistent with this criterion.

The implication of my observation that social injustice, societal inconsistency, and personal impotence comprise the essential elements of the Black condition hardly needs elaboration. It is enough to say that to the extent that government policies affecting Black families do not impact racist practices or the socially sanctioned attitudes which negative impact Black families, or does not promote increased autonomy and competence among members of such families, they are antithetical to the principles discussed here.

In calling attention to the duality of Black culture, i.e., the necessity to live in two worlds, I have attempted to underscore an experience that all Blacks share in common. Social policies should strengthen the nurturing environment and recognize its validity as a viable context of the development of Black people. But policies should also foster the possibility for Black people to derive the benefits of the sustaining environment.

Finally, I have asserted that Black culture is best understood as a process of coping. In doing this, I have eschewed the temptation to characterize Black culture as a collection of specific traits but have focused instead on the functions of Black culture. This was because of my view that by examining the functions of Black culture we are more likely to avoid stereotyping.

Three functions were identified. The survival function called attention to the necessity for Blacks to adopt a variety of strategies for obtaining needed benefits from the sustaining environment without becoming personally vulnerable; the security function emphasized the role of Black culture in binding the group together for mutual support: the self-esteem function highlighted the importance of the Black family and the Black community in counteracting implications of inferiority, insults to dignity, and denigration of talent and skill while providing a base for identity and building pride. Government policies should assure that these functions are not impeded.

Social research, from the perspective presented in this paper, should address itself to the conditions surrounding the lives of Black people. Thus, the call, which one sees so often now in the literature, for ecological research, i.e., research which seeks to understand behavior in a context, is in keeping with our point of view. Further, social research would do well, as some researchers are now, to consider exploring the ways in which Black people define competence. This might be done through studies which look at people in their normal environments, not in testing situations.

Finally, a word about the needs of Black children. Summarizing his conclusions of a review of the child development literature of this country and that from abroad, Eurie Bronfenbrenner offered this one sentence reply to the question, what do children require for their most optimal development. A child needs, he said, an enduring, reciprocal, irrational relationship with one person over time in which they engage in increasingly complex activities through which the child acquires skill which he/she takes

out into the world.

His first three terms require elaboration. An enduring relationship is one that goes on for a long time. A reciprocal relationship suggests that the interaction is two-way. The child and the adult contribute something. By an irrational relationship he said that he could only say that someone has to be crazy about you. This is what the Black child needs and Black families offer the greatest possibility for our children to be involved in such relationships.

It is our task to aid, guide and insist that our government, through its policies, facilitates this process for Black families.

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APPENDIX D: ISSUES/CRITERIA ANALYSIS CHART

CROSS-CUTTING ISSUES/CRITERIA

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Programs/clinics do not recognize or build on the role of extended families (para-kinships, surrogate, etc.) in child care and child rearing practices in the Black community. Present programs and policies do not support the role flexibility that has historically existed in Black families (i.e., pregnancy prevention is regarded as a female issue, work policies). Black families have members other than identified parent who is responsible for child but not recognized by present policy. There is an increase in the number of single-parent families. Federal day care policies are not developed with adequate consideration of factors such as parental preferences and family structure in the Black community. Present policy and programs stereotype single-parent families and do not take into account the informal (invisible) support systems that exist in Black single-parent families. There are few alternatives or choices (in child care selection). More extensive public school involvement in the provision of day care may result in fewer options for Black families seeking the most appropriate day care arrangements for their children. Present programs and policies focus on females, but service availability (i.e., hours) restricts usage by employed mothers. This is especially critical for the single-parent, employed female. Public relation materials for many programs do not display or reflect ethnic diversity of consumer populations.	• Is the program/policy compatible with familial styles and process of the target population by addressing -- the extended family -- role flexibility among family members • Does the policy/program require a mechanism that will ensure responsiveness to the diversity (of life-style) among families? • Does the policy/program ensure responsiveness to diverse family characteristics and styles which include: -- options reflecting "extended family" concept -- sharing of parental role among family members -- allowing family preference regarding nature and type of services -- single-parent families -- high maternal employment -- low income and which leads to diversity of staff composition and racially and ethnically relative program components? • Is the program/policy designed to understand and respond to the dynamics of the target population being served? • Does the program/policy reflect the working and living patterns of the consumer population? • Is the program/policy designed to accommodate time frames of working parents and their children? • Does the policy/program ensure that the program services are available via ... time of operation meets needs of target population?	1. Is the policy/program designed with an understanding of the dynamics and diverse characteristics and life-styles of families to be served including -- options reflecting extended family concept -- role flexibility among family members, e.g., sharing of parental role among family members -- family preference regarding nature and type of services -- high proportions of single-parent families -- high maternal employment -- low-income status -- particular working patterns of the consumer population, e.g., times of service accommodating family needs?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Present programs and policies do not reflect an awareness of Black cultural interpretations of and definitions of such concepts as teen-parenthood, the value of children, etc. Health care and sex education policies do not reflect Black cultucal dimensions of sexuality, sensuality, and high value on fecundity. Present policy and programs stereotype single-parent families and do not take into account the informal (invisible) support systems that exist in Black single parent families. A system of myths about Black people have lead to distorted perceptions of Black people. Examples: (a) Black family life-style is often equated with (negative and/or antisocial) pathology and disorganization. (b) Policies and programs do not form linkages with important institutions in the Black community. (c) Research information is disseminated to research organizations that are insensitive to Blacks. (d) System institutionalizes pathology by treating symptoms rather than underlying causal relationships.	• Do the operational assumptions and values which undergird present programs support the cultural values of the consumers by not supplanting or conflicting with existing consumer values and practices? • Does the program/policy acknowledge and utilize the existing support systems of the working poor, especially single parents? • Does the program/policy reflect and build upon the cultural values and adaptive strengths of families in its planning, design, delivery system, and individual case intervention strategy?	2. Does the policy/program reflect and build on the cultural values and adaptive strengths (e.g., sharing of parental roles, strong religious ties) of families in its planning, design, delivery system, and individual case intervention strategies?
The economic status of a family is a factor that contributes to the proliferation of single-parent families. Example: In many states, AFDC requirements do not provide resources to two-parent families.	• Does the program/policy strengthen the economic position of the family by providing financial incentives to keep families together? • Does the program/policy build in incentives to enable the family to become self-sufficient?	3. Does the policy/program strengthen the economic position of the family by providing financial and other incentives to keep families together and to enable families to become self-sufficient?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
The designation of important research topics is often decided in a vacuum (without minority input from minority communities). Existing formalized preventive health services do not take into account folkways and holistic approaches to health care that exist in the Black community (raises issues of trust, stigma). The resources of informal, organized support systems in the Black community (i.e., churches, fraternities/sororities) are not tapped by current programs. The role of child care programs as a community development tool in the Black community is a significant one. There is significant concern about the availability of resources to finance the costs of training required under the recently issued day care requirements. There is a lack of and need for more Black service providers to communicate and design services that relate to Black world view. State reimbursement rates generally do not sufficiently protect the viability of Black child care providers. Reimbursment rates are not relative to actual costs.	• Does the program/policy identify and build on preventive health and child care practices that are indigenous to the community being served? • Does the program/policy include and utilize the dynamic resources of the community being served? • Does the program/policy build on existing programs and services that are found in the target community? • Further, does the policy provide funds and mechanisms for organization "capacity building?" • Does the program/policy encourage and utilize the services and expertise of indigenous cultural institutions that exist in the community (target group) being served? • Does the program/policy utilize representatives of cultural institutions to advise and approve the design and process of service delivery? • Does the policy/program use the "need for training" as a mechanism for the exclusion of appropriate caretakers, service providers, administrators, etc.?	4. Does the policy/program identify and build on existing programs and services that are indigenous to the community being served by -- providing funds and mechanisms to enable community-based organizations to act as service providers; -- providing funds and mechanisms for organization "capacity building"; and -- utilizing the expertise of representatives of indigenous cultural institutions to advise and approve the design and process of service delivery?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Existing formalized preventive health services do not take into account folkways and holistic approaches to health care that exist in the Black community (raises issues of trust, stigma). The design of the child welfare service delivery system limits its ability to carry out policy in a manner that reflects the unique needs of Black children and their families. Examples: (a) Government does not take holistic view of family. (b) Programs are not planned from a family focus, but on subunits within family. (c) Segmented programs create competition for money among agencies, which hinders addressing needs of total family. (d) Child welfare system reaches over responsible adults to assist child. Omits strengthening resourcefulness of adults. Emphasis of child care not focused on development of child. Emphasis is now economically based (parent allowed to work). Training of social workers is heavily weighted in favor of providing out-of-home services to Black children. This is further reinforced and encouraged within the agency.	• Does the program/policy enhance family functioning by implementing services in a holistic context rather than focusing on individual-oriented services? • Is the policy directed toward nurturing and sustaining the family as a unit?	5. Is the policy/program directed at nurturing and sustaining the family as a unit by implementing services in a holistic context rather than focusing on individual-oriented services?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Low-income families are not eligible for many program services although their income status restricts their access to other means of child health and child care benefits. Do programs allow inclusiveness? Cross section of the population? (Is it set up to be attractive to everyone who has need of it?)	• Does the program/policy require the exploration of differential formula for income eligibility? • Does the policy/program ensure that eligibility and intake procedures facilitate inclusion of target population? • Does policy/program determine financial eligibility via information about variations in -- regional cost of living -- urban versus rural cost of living -- disposable income versus net (or gross) income -- neighborhood and community differences so that persons who need and desire services are not excluded?	6. Does the policy/program, when establishing eligibility, take into account factors such as -- regional cost of living -- urban versus rural cost of living -- disposable income versus net (or gross) income -- neighborhood and community differences so that persons who need and desire services are not excluded?
There is a lack of effective targeting of services to Black families and children. Examples: (a) Broad program eligibility criteria. (b) Expanding income eligibility populations.	• Does the policy require the use of poverty area as a criterion of eligibility for program services to racially disadvantaged persons?	7. Does the policy/program require, as a priority, that program services reach targeted disadvantaged populations living in poverty areas?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Settings of many public service, stigmatize Black consumers and do not reflect cultural sensitivity to issues such as privacy, physical environment. Present programs and policies do not reflect awareness of Black cultural interpretations and definitions of concepts such as "pregnancy," the value of children, etc. Health care and sex education policies do not reflect Black cultural dimensions of sexuality, sensuality, and fecundity. Underlying racism and differences of world view between white-dominated programs and Black consumers often exist. Health department lacks dignity/privacy for many consumers. Play areas for children are needed as consumer obtains services. Public relation materials for many programs do not display or reflect ethnic diversity of consumer populations.	• Does the program/policy provide services in an environment that reflects the dignity of consumers? • Does the program/policy provide fiscal flexibility for improvements of physical environment so that privacy, dignity, and cultural sensitivity are preserved? • Do the operational assumptions and values that undergird present programs support the cultural values of the consumers by not supplanting or conflicting with existing consumer values and practices?	8. Does the policy/program mandate that priority attention be given to the cultural integrity of the family by considering race and ethnicity as primary and critical in the design and implementation of services, including -- requiring that all services be provided in a physical environment that respects and preserves the privacy, dignity, and cultural sensitivity of consumers, allowing for fiscal flexibility for improvement of physical environment as necessary; -- requiring that the operational assumptions and values that undergird programs support the cultural values of the consumers and not supplant or conflict with existing consumer values and practices; -- requiring that service delivery approaches identify and build on culturally based practices that are indigenous to the community being served; and -- requiring that all materials and literature reflect positive role models of racial/ethnic groups and racial/ethnic diversity?
Programs may destroy resources that already exist in the Black community. Monitoring tends to be based on process (i.e., was money spent and service provided) rather than outcome (impact of service).	• Does the program/policy analyze the impact of its presence and provision of services on families and cultural institutions in communities being served?	9. Does the policy/program require the analysis of the impact of its presence and provision of services on families and cultural institutions in communities being served?

95

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Programs may destroy resources that already exist in the Black community. The resources of informal, organized support systems in the Black community (i.e., churches, fraternities/sororities) are not tapped by current programs. After solving the problems/issues, some programs leave the community with additional problems such as destruction of jobs resulting in unemployment.	• Does the program/policy identify points or stages by which it has solved its mandate (planned obsolescence)? • Does the program/policy identify stages in which it can integrate its services into and extricate itself from the community served with minimal disruption?	10. Does the policy/program require the identification of points or stages by which (a) it has met its objectives; and (b) it can integrate its services into or extricate itself from the community served with minimal disruption?
There is a lack of and need for more Black service providers to communicate and design services that relate to Black world view. Program staff tend to be insufficient, disproportionately non-Black, and undertrained to serve the needs of Black families and children. Examples: (a) No culturally-relevant training components in programs to meet the needs of Black children. (b) Inadequate Black representation on advisory boards. (c) Negative attitudes and lack of sensitivity toward Black families by service providers. The designation of important research topics is often decided in a vacuum (without minority input from minority communities). Rural and urban Blacks have little or no access to state policy-makers who implement federal programs. County, state, Federal policy-makers and program implementors are disproportionately white and do not represent Black families.	• Does the program/policy include a staffing pattern at all levels that reflects the makeup of the community being served? • Does the policy require that the racial composition of the staff reflect that of the client population? • Does the policy require the Administration to be reflective of the target population?	11. Does the policy/program require that the racial composition of the staff at all levels (policymaking, administrative, and service delivery) reflect that of the client population?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
There are insufficient quantitative and qualitative data (by race) on where children in placement are located, the types of services provided for them, and the impact of these services. (Working Paper Issue) Individuals responsible for designing and implementing programs are not aware of Black children's problems and needs and cannot determine whether they are actually being treated equitably. (Working Paper Issue)		12. Is the policy/program formulated on the basis of analyses of quantitative and qualitative data by race concerning the potential consumers of services?
There is a lack of comprehensive and consistent information on population served. a. Lack of follow-up on how money was spent. b. No standard mechanism for interpreting data. There are insufficient quantitative and qualitative data (by race) on where children in placement are located, the types of services provided for them, and the impact of these services. (Working Paper Issue) Individuals responsible for designing and implementing programs are not aware of Black children's problems and needs and cannot determine whether they are actually being treated equitably. (Working Paper Issue).		13. Does the policy/program require (a) the collection of beneficiary data by race and data on the utilization of funds; and (b) the use of these data in the policymaking process?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Decisionmakers are not generally accessible to the Black community. Federal day care regulations have not been sufficiently enforced to ensure parents a role in monitoring and evaluating day care services. Day care needs to be community-based. No consideration is given to consumer input into accountability for services delivered to them. Research information is disseminated to research organizations that are insensitive to Blacks. The designation of important research topics is often decided in a vacuum (without minority input from minority communities). There is a lack of and need for more Black service providers to communicate and design services that relate to Black world view. The needs of Black children and families should be recognized as valid and not related to welfare. Emphasis of child care not focused on development of child. Emphasis is now economically based (parent allowed to work). States interfere with the role of parent participation. Regulations should be more specific in regard to parent participation.	• Does the policy/program require the implementation of specific mechanisms that will ensure that consumers are involved in the decisionmaking process relative to services designed to meet their needs? • Do policies/programs require the implementation of specific mechanisms to ensure that consumers of services are represented at all decision-making levels including boards that govern the program service? • Do policies further ensure that the target population is involved in the training design, training implementation, evaluation, and administration? • Does the program/policy define a variety of mechanisms that assess and incorporate consumer needs and interests into the design and implementation of services?	14. Does the policy/program require the implementation of specific mechanisms to ensure that the needs and interests of consumers are incorporated into the design and implementation of services such as --representation of consumers at all decision-making levels including Boards that govern the program services; --representation of consumers in administration of program services, training design and implementation, and evaluation; and --appropriate assessment of consumer needs and characteristics prior to development of service delivery strategies?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Program staff tend to be insufficient, disproportionately non-Black, and undertrained to serve the needs of Black families and children. Examples: (a) No culturally-relevant training components in programs to meet the needs of Black children. (b) Inadequate Black representation on advisory boards. (c) Negative attitudes and lack of sensitivity toward Black families by service providers. Black family life-style often equated with (negative, antisocial) pathology and disorganization.	• Does the policy require that program staff be trained to be responsive to the unique needs of Black and other minorities?	15. Does the policy/program require that program staff at all levels (policymaking, administrative, and service delivery) be trained to be responsive to the unique needs of racial/ethnic minorities?
There is insufficient concern about the availability of resources to finance the costs of training required under the recently issued day care requirements.	• Does the policy/program provide both funds and mechanisms to ensure adequate job-related training for all (child care) providers, at all levels of program planning and implementation?	16. Does the policy/program provide both funds and mechanisms to ensure adequate job-related training for all providers, at all levels of program planning and implementation?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Federal funding patterns do not provide incentives for the reunification and stabilization of Black families. Examples: (a) Government policies contribute to Black family breakups. (b) Needs of child welfare industry are paramount, self-perpetuating and counter to the needs of Black families. (c) Lack of comprehensive and consistent information on the population served (eg., A lack of follow-up on how the money was spent. No standard mechanism for interpreting data.) (d) Needs of Black children often subverted to special interest groups. (e) Negative attitudes and lack of sensitivity toward Black families by service providers.	• Does the policy provide specific financial and other incentives for all the actors (state officials, program administrators, service providers, and clients)?	17. Does the policy/program provide specific financial and other incentives to all the actors (state officials, program administrators, service providers, and clients) for the maintenance, stabilization, and reunification of families?
Current HHS policies do not reflect strong kinship ties and support among Black families.	• Does the policy/program require the exploration and application of alternative options before removing a member from the family?	18. Does the policy/program require the exploration and application of alternative options before removing a member from the family?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
The design of the child welfare service delivery system limits its ability to carry out policy in a manner that reflects the unique needs of Black children and their families: Examples: (a) Authority for the administration of programs affecting the welfare of children is fragmented. (e) Segmented programs create competition for money among agencies, which hinder addressing needs of total family. (g) Coordination between services is not encouraged. A single administrative and regulative authority for child care programs is needed. Black families need coordination of services. (If eligibility holds for one social service, that should establish eligibility for other social services.) There are few alternatives or choices (in child care selection). Federal day care policies and programs place limited emphasis on the training of parents. Title IV-A acts as a fiscal incentive for states to shift AFDC recipients into unregulated care. Various federal programs are not equally regulated.	• Does the policy require coordination and linkages among programs and services that impact on families and children? • Is there an authority that will provide the consumer with effectively coordinated services which allow for (a) a continuum of care and (2) ease of entry into the social service system?	19. Does the policy/program require coordination and linkages among programs and services that impact on families and children to allow for (a) a comprehensive continuum of care and (b) ease of entry into the social service system?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Black families need to be more informed of service availability and where to obtain services. There is a need to know how to navigate the system. Present programs and policies focus on females but service availablity (i.e., hours) restricts use by employed mothers. This is especially critical for the employed single parent. There is a need for strategies to get providers to locate in minority communities. Hospitals in inner-cities are closing.	• Does the policy/program ensure that program services are accessible and available in terms of (a) geographical placement so that population at risk can get to services? (b) time of operation meets needs of the target population are met? • Does the program/policy reflect the working and living patterns of the consumer population? • Is the program/policy designed to accommodate time frames of working parents and their children? • Does the policy/program ensure that the program services are available via...time of operation meets needs of target population?	20. Does the policy/program require that program services are accessible and available (e.g., geographic location such that population at risk can get to services, time of operation that meets the needs of target population, and provision of transportation services as required)?
Information and referral services to help parents identify their day care options are limited. Black families need to be more informed of service availability and where to obtain services. There is a need to know how to navigate the system. The resources of informal, organized support systems in the Black community (i.e., churches, fraternities/sororities) are not tapped by current programs. Present policy and programs stereotype single-parent families and do not take into account the informal (invisible) support systems that exist in Black single-parent families. Day care programming has not focused significantly on the cultural and ethnic differences among children. Public relations materials for many programs do not display or reflect ethnic diversity of consumer populations.	• Does the information about services (outreach) use vehicles familiar to target population?	21. Does the policy/program require the provision of outreach services using vehicles familiar to target populations, e.g., -- the involvement of community-based organizations and indigenous cultural institutions (e.g., churches, fraternities/sororities); and -- the development of culturally relevant outreach strategies and materials?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Programs without legislative mandate have no impact. IWIS day care requirements should be implemented through a strong Federal role. Leadership roles must be assumed by Federal government since it is more responsive to the needs of Blacks than are states. The lack of explicit legislative requirements concerning day care funding impedes implementation of day care policy and program. There is an absence of clear national day care policy and subsequent planning. Title XX does not mandate child care.	• Does policy/program have a specific, sufficient legislative base at federal and state levels, and are policies consistent with that legislative base?	22. Does policy/program have a specific, sufficient legislative base at Federal and state levels, and are policies consistent with that legislative base?
There is no clear policy rationale for different standards applicable to day care programs. No clear definition of purpose--of child care monies. Federal government does not provide directives to states for setting priorities.	• Does the policy provide for sufficient funds to meet stated goals of the program, to include: planning, operations, monitoring and evaluation? (a) Is goal statement reflective of criteria for program/policy being addressed and made applicable to <u>all</u> levels of government? (b) Further, is the language of goal statement easily understood by laymen and supported by concrete, measurable objectives (quantities, time frames, behaviors)?	23. Are the policy/program goals easily understood by laymen and supported by concrete, measurable objectives (quantities, time frames, behaviors)?
The lack of explicit legislative requirements concerning day care funding impedes implementation of day care policy and program. Federal day care funding patterns are inconsistent with the legislative intent of encouraging and assisting recipients of public assistance to attain and retain capability for self-support and personal independence. States' use of child care funds is left to individual state's discretion. No clear definition of purpose--of child care monies.	• Does the policy provide for sufficient funds to meet stated goals of the program, to include: planning, operations, monitoring, and evaluation? (a) Is goal statement reflective of criteria for program/policy being addressed and made applicable to <u>all</u> levels of government (b) Further, is the language of goal statement easily understood by laymen and supported by concrete, measurable objectives (quantities, time frames, behaviors)?	24. Does the policy/program provide for sufficient funds to meet goals of the program, including planning, operations, monitoring, and evaluation?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
Decisionmakers are not generally accessible to the Black community. Federal day care regulations have not been sufficiently enforced to ensure parents a role in monitoring and evaluating day care services. Day care needs to be community-based. States interfere with the role of parent participation. Regulations should be more specific in regard to parent participation. No consideration is given to consumer input into accountability for services delivered to them.	• Does the policy/program require the implementation of specific mechanisms that will ensure that consumers are involved in the decision-making process relative to services designed to meet their needs? • Do policies/programs require the implementation of specific mechanisms to ensure that consumers of services are represented at all decision-making levels including boards that govern the program service? • Do policies further ensure that the target population is involved in the training design, training implementation, evaluation, and administration?	25. Does the policy/program require monitoring of state and local program activities by using methods to protect the rights of families, such as -- regular on-site visits by Federal and state officials; -- data collection requirements designed to ensure compliance with regulations and guidelines; and -- consumers' review of service delivery?
Consumers should not be denied service because states are denied funds.	• Does the policy/program provide penalties that minimize the impact on consumers?	26. Does the policy/program minimize the negative impact on consumers of service when states are financially penalized because of noncompliance with regulations?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
CHILD WELFARE Government policy does not recognize the cultural integrity of the Black family in regard to placement of children.	• Does the policy/program require that priority attention be given to the cultural integrity of the family, so that race and ethnicity are considered primary and critical factors in the placement of children in foster homes and adoptive homes?	1. Does the policy/program require that priority be given to the cultural integrity of the family, so that race and ethnicity are considered primary and critical factors in the placement of children in foster homes and adoptive homes?
Government policy does not recognize the cultural integrity of the Black family in regard to placement of children.	• Does the policy/program require that fiscal incentives be provided for aggressive programs to identify, recruit, and approve foster and adoptive parents that are representative of the characteristics of the children in need of placement?	2. Does the policy/program require that fiscal incentives be provided for aggressive programs to identify, recruit, and approve foster and adoptive parents that are representative of the characteristics of the children in need of placement?
There are no government fiscal incentives for supporting informal adoptions, the extended family, and placement with relatives and significant others. Examples: (a.) The Federal government fails to recognize informal adoptions among Blacks. (b.) Federal policies and programs do not sanction the provision of subsidies for the case of children outside of court placements. (c.) Funding patterns discourage the voluntary placement of children. (d.) Criteria used to select foster and adoptive parents by definition exclude large numbers of Black families. (e.) Policies and programs do not form linkages with important institutions in the Black community.	• Does the policy/program recognize the cost benefits of services to the child in his/her natural environment as incrementally less expensive than services provided away from the natural family (e.g., foster family, group homes, institutions)?	3. Does the policy/program recognize the cost benefits of services to the child in his/her natural environment as incrementally less expensive than services provided away from the natural family (e.g., foster family, group homes, institutions)?
CHILD HEALTH Low-income families are not eligible for many program services although their income status restricts their access to other means of child health and child care benefits.	• Does the policy/program provide quality child health services to consumers, regardless of income?	4. Does the policy/program provide quality child health services to consumers, regardless of income?

ISSUES	TASK GROUP CRITERIA	FINAL CRITERIA
CHILD CARE Federal day care policies and programs place limited emphasis on the training of parents. Title IV-A acts as a fiscal incentive for states to shift AFDC recipients into unregulated care. Various Federal programs are not equally regulated.	• Does the policy/program provide a mechanism which ensures that a comprehensive continuum of available child care services covers • group home care • center care • in-home care • family day care for • infants and toddlers • preschoolers • school-aged children • children with special needs • odd-hour care providing • health services • parent involvement, education, and training • social services • child development • nutrition	5. Does the policy/program provide a mechanism that ensures that a comprehensive continuum of available child care services covers • group home care • center care • in-home care • family day care for • infants and toddlers • preschoolers • school-aged children • children with special needs • odd-hour care providing • health services • parent involvement, education, and training • social services • child development • nutrition
Programs without legislative mandate have no impact. HHS day care requirements should be implemented through a strong Federal role. Leadership roles must be assumed by the Federal government because it is more responsive to the needs of Blacks than are state governments. The lack of explicit legislative requirements concerning day care funding impedes implementation of a day care policy and program.	• Does policy/program have a specific, sufficient legislative base at Federal and state levels and -- are policies consistent with that legislative base? -- is the legislative base consistent with comprehensive child care?	6. Does the policy/program have a specific, sufficient legislative base at Federal and state levels and -- are policies consistent with that legislative base? -- is the legislative base consistent with comprehensive child care?